

Health and Human Services Appropriations Bill Senate File 2336

Last Action:

Senate Floor

April 12, 2012

An Act relating to appropriations for health and human services and including other related provisions and appropriations, making penalties applicable, and including effective, retroactive, and applicability date provisions.

**Fiscal Services Division
Legislative Services Agency**

NOTES ON BILLS AND AMENDMENTS (NOBA)

Available on line at <http://www.legis.iowa.gov/LSAReports/noba.aspx>
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FUNDING SUMMARY

Appropriations Total

- **General Fund FY 2013:** Appropriates a total of \$1,515.5 million from the General Fund and 6,273.7 FTE positions to the Department on Aging (IDA), Departments of Public Health (DPH), Human Services (DHS), and Veterans Affairs (IVA), and the Iowa Veterans Home (IVH). This is an increase of \$22.2 million and 239.8 FTE positions compared to estimated FY 2012. Page 1, Line 3

Other Funds FY 2013: Appropriates a total of \$620.4 million from other funds. This is an increase of \$130.7 million compared to estimated FY 2012.

FY 2012 Supplemental Appropriations: The Bill provides \$3.7 million in supplemental appropriations from the Children's Health Insurance Program Reauthorization Act (CHIPRA) Child Enrollment Contingency Fund.

NOTE: Total funding for FY 2013 includes the previously enacted appropriations for FY 2013 and new appropriation amounts proposed in this Bill.

General Fund - Department of Human Services

- \$1,440.3 million and 5,175.5 FTE positions. This is an increase of \$15.0 million and an increase of 206.8 FTE positions compared to estimated FY 2012. Page 22, Line 13

General Fund - Department of Public Health

- \$52.3 million and 182.0 FTE positions. This is an increase of \$5.4 million and 1.0 FTE position compared to estimated FY 2012. Page 3, Line 3

General Fund - Department of Veterans Affairs

- \$3.6 million and 16.3 FTE positions. This is an increase of \$1.6 million and an increase of 1.3 FTE positions compared to estimated FY 2012. Page 20, Line 20

General Fund - Department on Aging

- \$10.4 million and 36.0 FTE positions. This is an increase of \$100,000 and 1.0 FTE position compared to Page 1, Line 5

estimated FY 2012.

General Fund - Iowa Veterans Home

- \$9.0 million and 863.9 FTE positions. This is no change in funding and an increase of 29.7 FTE positions compared to estimated FY 2012. Page 21, Line 3

Other Fund Appropriations

- \$133.0 million from the Temporary Assistance for Needy Families (TANF) Block Grant. This is a decrease of \$1.8 million compared to estimated FY 2012. Page 22, Line 17
- \$2.7 million from the Pharmaceutical Settlement Account. This is a decrease of \$8.2 million compared to estimated FY 2012 Page 60, Line 19
- \$166.2 million from the IowaCare Account. This is an increase of \$7.9 million compared to the FY 2012 appropriation. Page 60, Line 32
- \$11.2 million from the Health Care Transformation Account. This is an increase of \$2.9 million compared to estimated FY 2012. Page 62, Line 27
- \$2.0 million from the Medicaid Fraud Fund. This is a new appropriation for FY 2013. Page 65, Line 20
- \$26.5 million from the Quality Assurance Trust Fund. This is a decrease of \$2.5 million compared to estimated FY 2012. Page 65, Line 34
- \$34.7 million from the Hospital Health Care Access Trust Fund. This is a decrease of \$5.3 million compared to estimated FY 2012. Page 66, Line 15
- \$22.6 million from the CHIPRA Child Enrollment Contingency Fund. This is a new appropriation for FY 2013. Page 67, Line 31

NEW PROGRAMS, SERVICES, OR ACTIVITIES

Department of Administrative Services

- Establishes the Medication Therapy Management (MTM) Program for State employees, except for employees of the Board of Regents. Page 75, Line 15

Department of Human Services

- Requires the DHS to implement the federal Balancing Incentive Payment Program. The goal of the Program is to move individuals from institutional-based settings to home and community-based settings. Page 34, Line 30
- Allocates \$25,000 to a hospital-based provider in Dubuque County for support services for children with autism spectrum disorder and their families. Page 47, Line 22
- Appropriates \$200,000 from the CHIPRA Contingency Fund to the DHS for ambulance services for the IowaCare Program. Page 68, Line 29
- Appropriates \$100,000 from the CHIPRA Contingency Fund to the DHS to be distributed to a statewide nonprofit organization that helps low-income homeless individuals. Page 69, Line 2
- Transfers an additional \$109.6 million to the Health Care Trust Fund from tobacco taxes based on the March Revenue Estimating Conference (REC) estimate. Page 82, Line 29

Department of Public Health

- Allocates \$100,000 to the University of Iowa College of Dentistry for the provision of primary dental services to children. Page 11, Line 16
- Allocates \$500,000 for cervical cancer early detection screening by pap smear or colposcope. Page 13, Line 4
- Allocates \$50,000 to establish a grant program in collaboration with Sexual Assault Response Teams to expand the response room model throughout Iowa. Page 14, Line 35
- Allocates \$75,000 to promote primary and preventative health care through increased access to appropriate medical home providers. Page 15, Line 5
- Allocates \$125,000 for distribution to Federally Qualified Health Centers (FQHCs) for infrastructure, coordination, provider recruitment, service delivery, and assistance to patients in determining an appropriate medical home. Page 15, Line 9
- Allocates \$100,000 to the Iowa Donor Registry. Page 17, Line 25
- Allocates \$50,000 for a human papillomavirus (HPV) vaccination public awareness program. Page 18, Line 28

- Allocates \$1.0 million for HPV vaccinations. Page 18, Line 35
- Establishes the Board of Direct Care Professionals in the DPH. Page 84, Line 33

Department on Aging

- Creates a Certified Volunteer Long-Term Care Resident's Advocate Program. Page 81, Line 7

Iowa Finance Authority

- Creates a competitive grant program for Psychiatric Medical Institutions for Children (PMIC) to construct supportive housing or infrastructure. Page 77, Line 29

MAJOR INCREASES, DECREASES, OR TRANSFERS OF EXISTING PROGRAMS

Department of Human Services

- A General Fund increase of \$571,000 for the Family Investment Program (FIP). Page 29, Line 17
- A General Fund increase of \$259,000 and an increase of 10.0 FTE positions for the Child Support Recovery Unit. Page 31, Line 18
- A General Fund decrease of \$64.8 million for the Medical Assistance (Medicaid) Program. Page 32, Line 23
- A General Fund increase of \$8.5 million for Medical Contracts. Page 35, Line 17
- A General Fund decrease of \$1.4 million for the State Supplementary Assistance Program. Page 36, Line 12
- A General Fund increase of \$7.6 million for the State Children's Health Insurance Program. Page 37, Line 11
- A General Fund increase of \$7.9 million for Child Care Assistance. Page 37, Line 29
- A General Fund increase of \$172,000 for the Juvenile Institutions. Page 40, Line 3
- A General Fund increase of \$839,000 for Child and Family Services. Page 40, Line 34
- A General Fund decrease of \$28,000 for Adoption Subsidy. Page 48, Line 12

- A General Fund decrease of \$71,000 for the Family Support Subsidy Program. Page 49, Line 8
- A General Fund decrease of \$656,000 for the four Mental Health Institutes. Page 50, Line 12
- A General Fund increase of \$975,000 for the two State Resource Centers. Page 51, Line 9
- A General Fund increase of \$1.6 million for the Civil Commitment Unit for Sexual Offenders. Page 53, Line 18
- A General Fund increase of \$7.1 million and an increase of 93.0 FTE positions for Field Operations. Page 54, Line 10
- A General Fund increase of \$1.2 million and an increase of 30.0 FTE positions for General Administration. Page 54, Line 29
- A General Fund increase of \$24.9 million for Mental Health Redesign. This is a new appropriation for FY 2013. Page 70, Line 18

Department of Public Health

- A General Fund increase of \$2.2 million for Addictive Disorders. Page 3, Line 13
- A General Fund increase of \$100,000 for Healthy Children and Families. Page 7, Line 11
- A General Fund increase of \$557,000 and 1.0 FTE position for Chronic Conditions. Page 11, Line 24
- A General Fund increase of \$1.3 million for Community Capacity. This includes a new \$100,000 allocation to Prevent Blindness Iowa for a vision screening and training program that was included in 2011 Iowa Acts, SF 533 (Standings Appropriations Act). Page 13, Line 16
- A General Fund increase of \$1.1 million for Infectious Diseases. Page 18, Line 21
- A General Fund increase of \$440,000 for Public Protection. Page 19, Line 11

Department of Veterans Affairs

- A General Fund increase of \$12,000 and an increase of 1.3 FTE positions for General Administration. Page 20, Line 24
- A General Fund appropriation of \$1.6 million for the Home Ownership Assistance Program for military members. This is an increase of \$600,000 compared to the \$1.0 million appropriation from the Rebuild Iowa Page 21, Line 29

Infrastructure Fund in FY 2012.

Department on Aging

- A General Fund increase of \$100,000 compared to estimated FY 2012 for Aging Programs. Page 1, Line 10

STUDIES AND INTENT LANGUAGE

Department of Human Services

- Specifies that it is the intent of the General Assembly to provide sufficient funding for the Child Care Assistance Program for FY 2013 to avoid the establishment of a waiting list. Page 39, Line 7
- Requires the DHS to submit monthly expenditure reports to the Legislative Services Agency (LSA). Page 55, Line 10
- Requires the DHS to review Home Health and Home and Community-Based Services (HCBS) Waiver providers and submit recommendations for rebasing rates. Page 59, Line 23

Department of Public Health

- Specifies the intent of the General Assembly that individuals with a diagnosis of both substance abuse and gambling addiction be given priority in treatment services from the funds appropriated to substance abuse and problem gambling. Page 6, Line 6
- Specifies the intent of the General Assembly to phase-in priority funding for the Healthy Opportunities for Parents to Experience Success - Healthy Families Iowa (HOPES-HFI) according to specified dates and funding parameters. Page 7, Line 26
- Specifies the HOPES-HFI is to work with Early Childhood Iowa to identify minimum competency standards for employees and submit recommendations to the Governor and General Assembly by January 1, 2014. Page 10, Line 8
- Specifies the HOPES-HFI is to work with Early Childhood Iowa to develop a plan to implement a coordinated intake and referral process for publicly funded family support programs that engage expecting families and those with children through age five by July 1, 2015. Page 10, Line 19
- Specifies the intent of the General Assembly that the Board of Direct Care Professionals be self-sustaining by January 1, 2017. Page 96, Line 19

Iowa Veterans Home

- Requires the Veterans Home to report expenditures monthly to the Legislative Services Agency. Page 21, Line 21

SIGNIFICANT CODE CHANGES

Department of Human Services

- Strikes Iowa Code language stating that the DHS is not to include services provided by PMICS for children in any managed care contract. Page 80, Line 26
- Extends the repeal of the Prevention and Disabilities Council from July 1, 2012, to July 1, 2017. Page 81, Line 3
- Establishes a certified foster care respite provider care program in the DHS. Page 81, Line 23

Department of Public Health

- Adds the administration of a public awareness program for human papillomavirus (HPV) infection vaccination to the duties of the DPH. Page 80, Line 8
- States that Physicians Orders for Scope of Treatment (POST) forms executed between July 1, 2008, and June 30, 2012, as part of the patient autonomy in health care decisions pilot project will remain effective until revoked or a new POST form is executed pursuant to 2012 Iowa Acts, HF 2165. Page 80, Line 31

SUPPLEMENTAL APPROPRIATIONS

Other Fund Appropriations

- \$3.7 million from the CHIPRA Child Enrollment Contingency Fund to the Adoption Subsidy and Child Care Assistance Programs. This is a new appropriation for FY 2012. Page 67, Line 4

EFFECTIVE AND ENACTMENT DATES

Department of Administrative Services

- The Sections relating to the MTM Program are effective on enactment. Page 84, Line 28

Department of Human Services

- The Section appropriating funds for Child Care and Adoption Subsidy from the Child Enrollment Page 67, Line 4

Contingency Fund appropriations is effective on enactment.

- The Section redistributing a portion of unexpended decategorization dollars is retroactive to July 1, 2011. Page 71, Line 12
- The Section allowing Family Investment Program General Fund carryforward is effective on enactment. Page 72, Line 8
- The Section allowing a transfer from Medicaid to Medical Contracts or General Administration is retroactive to July 1, 2011. Page 72, Line 16
- The Section allowing carryforward in the Behavioral Health Account to be available for Medicaid is effective on enactment. Page 72, Line 29
- The Section allowing State Supplementary Assistance carryforward is effective on enactment. Page 73, Line 5
- The Section allowing Field Operations carryforward is effective on enactment. Page 73, Line 13
- The Section allowing General Administration carryforward is effective on enactment. Page 73, Line 21
- The Section amending the FY 2012 IowaCare funding distribution is retroactive to July 1, 2011. Page 73, Line 29

Department of Public Health

- The Division establishing the Board of Direct Care Professionals is effective on enactment. Page 96, Line 22

Department of Veterans Affairs

- The Section permitting carryforward for the Injured Veterans Grant Program is effective on enactment. Page 70, Line 35

Iowa Veterans Home

- The Section related to Iowa Veterans Home carryforward is effective on enactment. Page 71, Line 31

Senate File 2336 provides for the following changes to the Code of Iowa.

Page #	Line #	Bill Section	Action	Code Section	Description
75	15	69	New	8A.441	
77	29	70	New	16.185A	
79	14	71	Amend	97B.39	
80	8	72	Add	135.11.31	
80	26	73	Strike	135H.10.3	
80	28	74	Add	144D.4	
81	3	75	Amend	225B.8	
81	7	76	New	231.43	
81	23	77	Add	237.3.11	
81	35	78	Add	237.12.4.h	
82	5	79	New	239B.2C	
82	11	80	New	249A.17	
82	29	81	Amend	453A.35	
83	17	82	Amend	453A.35A.1	
84	33	85	New	152F.1	
87	5	86	New	152F.2	
87	30	87	New	152F.3	
88	29	88	New	152F.4	
89	9	89	New	152F.5	
90	27	90	New	152F.6	
90	33	91	Amend	10A.402.1	
91	5	92	Amend	135.11A	
91	35	93	Amend	135.31	
92	8	94	Amend	147.1.3,6	
93	1	95	Amend	147.2.1	
93	17	96	Add	147.13.24	
93	21	97	Add	147.14.1.x	
93	30	98	Add	147.74.24	
94	19	99	Amend	147.80.3	
94	26	100	Amend	147.88	
95	1	101	Add	272C.1.6.ag	

1 1 DIVISION I
 1 2 DEPARTMENT ON AGING
 1 3 Section 1. 2011 Iowa Acts, chapter 129, section 113, is
 1 4 amended to read as follows:
 1 5 SEC. 113. DEPARTMENT ON AGING. There is appropriated from
 1 6 the general fund of the state to the department on aging for
 1 7 the fiscal year beginning July 1, 2012, and ending June 30,
 1 8 2013, the following amount, or so much thereof as is necessary,
 1 9 to be used for the purposes designated:

1 10 For aging programs for the department on aging and area
 1 11 agencies on aging to provide citizens of Iowa who are 60 years
 1 12 of age and older with case management for frail elders, Iowa's
 1 13 aging and disabilities resource center, and other services
 1 14 which may include but are not limited to adult day services,
 1 15 respite care, chore services, information and assistance,
 1 16 and material aid, for information and options counseling for
 1 17 persons with disabilities who are 18 years of age or older,
 1 18 and for salaries, support, administration, maintenance, and
 1 19 miscellaneous purposes, and for not more than the following
 1 20 full-time equivalent positions:

1 21	.....	\$	5,151,288
1 22			<u>10,402,577</u>
1 23	.....	FTEs	35.00
		FTEs	<u>36.00</u>

1 24 1. Funds appropriated in this section may be used to
 1 25 supplement federal funds under federal regulations. To
 1 26 receive funds appropriated in this section, a local area
 1 27 agency on aging shall match the funds with moneys from other
 1 28 sources according to rules adopted by the department. Funds
 1 29 appropriated in this section may be used for elderly services
 1 30 not specifically enumerated in this section only if approved
 1 31 by an area agency on aging for provision of the service within
 1 32 the area.

1 33 ~~2. The amount appropriated in this section includes~~
 1 34 ~~additional funding of \$225,000 for delivery of long-term care~~
 1 35 ~~services to seniors with low or moderate incomes.~~

2 1 3. Of the funds appropriated in this section, ~~\$89,973~~
 2 2 \$179,946 shall be transferred to the department of economic

General Fund appropriation to the Department on Aging for FY 2013.

DETAIL: This is an increase of \$100,000 and 1.00 FTE position compared to estimated FY 2012. The increase is for an additional local long-term care resident's advocate.

Permits the use of funds appropriated in this Section to supplement federal funds for elderly services if those services are approved by an Area Agency on Aging. Requires local Area Agencies on Aging to match the funds for aging programs and services.

Strike the allocation of \$225,000 in additional funds for long-term care services.

DETAIL: There were no new additional funds appropriated for long-term care services for FY 2013. The \$225,000 is built in to the base appropriation.

Requires a transfer of \$179,946 to the Iowa Commission on Volunteer Services in the Iowa Economic Development Authority for the Retired

2 3 development for the Iowa commission on volunteer services to be
2 4 used for the retired and senior volunteer program.

Senior Volunteer Program (RSVP).

DETAIL: This is no change compared to the FY 2012 allocation.

2 5 4. a. The department on aging shall establish and enforce
2 6 procedures relating to expenditure of state and federal funds
2 7 by area agencies on aging that require compliance with both
2 8 state and federal laws, rules, and regulations, including but
2 9 not limited to all of the following:

Requires the Department on Aging to establish and enforce procedures related to expenditures of State and federal funds, complying with both State and federal law. An Area Agency on Aging is liable for any expenditures that are not in compliance with the law.

2 10 (1) Requiring that expenditures are incurred only for goods
2 11 or services received or performed prior to the end of the
2 12 fiscal period designated for use of the funds.

2 13 (2) Prohibiting prepayment for goods or services not
2 14 received or performed prior to the end of the fiscal period
2 15 designated for use of the funds.

2 16 (3) Prohibiting the prepayment for goods or services
2 17 not defined specifically by good or service, time period, or
2 18 recipient.

2 19 (4) Prohibiting the establishment of accounts from which
2 20 future goods or services which are not defined specifically by
2 21 good or service, time period, or recipient, may be purchased.

2 22 b. The procedures shall provide that if any funds are
2 23 expended in a manner that is not in compliance with the
2 24 procedures and applicable federal and state laws, rules, and
2 25 regulations, and are subsequently subject to repayment, the
2 26 area agency on aging expending such funds in contravention of
2 27 such procedures, laws, rules and regulations, not the state,
2 28 shall be liable for such repayment.

2 29 5. Of the funds appropriated in this section, \$100,000
2 30 shall be used to provide an additional local long-term care
2 31 resident's advocate to administer the certified volunteer
2 32 long-term care resident's advocate program pursuant to section
2 33 231.45 as enacted in this 2012 Act. It is the intent of the
2 34 general assembly that the number of local long-term care
2 35 resident's advocates as provided in section 231.42 be increased
3 1 each year until 15 local long-term care resident's advocates
3 2 are available in the state.

Allocates \$100,000 for an additional local long-term care resident's advocate to administer the Certified Volunteer Long-Term Care Resident Advocates Program.

DETAIL: This is a new allocation for FY 2013.

3 3 DIVISION II
3 4 DEPARTMENT OF PUBLIC HEALTH
3 5 Sec. 2. 2011 Iowa Acts, chapter 129, section 114, is amended
3 6 to read as follows:
3 7 SEC. 114. DEPARTMENT OF PUBLIC HEALTH. There is
3 8 appropriated from the general fund of the state to the
3 9 department of public health for the fiscal year beginning July

3 10 1, 2012, and ending June 30, 2013, the following amounts, or
3 11 so much thereof as is necessary, to be used for the purposes
3 12 designated:

3 13 1. ADDICTIVE DISORDERS

3 14 For reducing the prevalence of use of tobacco, alcohol, and
3 15 other drugs, and treating individuals affected by addictive
3 16 behaviors, including gambling, and for not more than the
3 17 following full-time equivalent positions:

3 18	.....	\$	41,751,595
3 19			<u>25,653,190</u>
3 20	.....	FTEs	13.00

General Fund appropriation to addictive disorders programs.

DETAIL: This is an increase of \$2,150,000 and no change in FTE positions compared to estimated FY 2012. The increase is for the tobacco prevention and control initiative.

3 21 a. (1) Of the funds appropriated in this subsection,
3 22 ~~\$1,626,915~~ \$5,403,830 shall be used for the tobacco use
3 23 prevention and control initiative, including efforts at the
3 24 state and local levels, as provided in chapter 142A. The
3 25 commission on tobacco use prevention and control established
3 26 pursuant to section 142A.3 shall advise the director of
3 27 public health in prioritizing funding needs and the allocation
3 28 of moneys appropriated for the programs and activities of
3 29 the initiative under this subparagraph (1) and shall make
3 30 recommendations to the director in the development of budget
3 31 requests relating to the initiative.

Allocates \$5,403,830 for tobacco use, prevention, cessation, and treatment. Requires the Tobacco Use, Prevention, and Control Commission to make recommendations to the Director of the DPH regarding the budget of the Division of Tobacco.

DETAIL: This is an increase of \$2,150,000 compared to the FY 2012 allocation.

3 32 (2) (a) Of the funds allocated in this paragraph "a",
3 33 ~~\$226,915~~ \$453,830 shall be transferred to the alcoholic
3 34 beverages division of the department of commerce for
3 35 enforcement of tobacco laws, regulations, and ordinances in
4 1 accordance with 2011 Iowa Acts, ~~House File 467, as enacted~~
4 2 chapter 63.

Transfers \$453,830 to the Department to the Alcoholic Beverages Division (ABD) for enforcement of tobacco laws, regulations, and ordinances per provisions in Iowa Code chapter 63.

DETAIL: This is no change compared to the FY 2012 allocation.

4 3 (b) For the fiscal year beginning July 1, 2012, and ending
4 4 June 30, 2013, the terms of a chapter 28D agreement, entered
4 5 into between the division of tobacco use prevention and control
4 6 of the department of public health and the alcoholic beverages
4 7 division of the department of commerce, governing compliance
4 8 checks conducted to ensure licensed retail tobacco outlet
4 9 conformity with tobacco laws, regulations, and ordinances
4 10 relating to persons under eighteen years of age, shall restrict
4 11 the number of such checks to one check per retail outlet, and
4 12 one additional check for any retail outlet found to be in
4 13 violation during the first check.

Limits tobacco compliance checks by the ABD to one annually per retail outlet and one additional check for any retail outlet found to be in violation during the first check.

4 14 b. Of the funds appropriated in this subsection,
4 15 ~~\$10,124,680~~ \$20,249,360 shall be used for problem gambling and
4 16 substance abuse prevention, treatment, and recovery services,

Allocates \$20,249,360 for problem gambling and substance abuse treatment and prevention.

<p>4 17 including a 24-hour helpline, public information resources, 4 18 professional training, and program evaluation.</p>	<p>DETAIL: This is no change compared to the FY 2012 allocation.</p>
<p>4 19 (1) Of the funds allocated in this paragraph "b", \$8,566,254 4 20 <u>\$17,132,508</u> shall be used for substance abuse prevention and 4 21 treatment.</p>	<p>Allocates \$17,132,508 for substance abuse prevention and treatment. DETAIL: This is no change compared to the FY 2012 allocation.</p>
<p>4 22 (a) Of the funds allocated in this subparagraph (1), 4 23 \$449,650 <u>\$899,300</u> shall be used for the public purpose of a 4 24 grant program to provide substance abuse prevention programming 4 25 for children.</p>	<p>Allocates \$899,300 for substance abuse prevention programs for children and youth. DETAIL: This is no change compared to the FY 2012 allocation.</p>
<p>4 26 (i) Of the funds allocated in this subparagraph division 4 27 (a), \$213,769 <u>\$427,539</u> shall be used for grant funding for 4 28 organizations that provide programming for children by 4 29 utilizing mentors. Programs approved for such grants shall be 4 30 certified or will be certified within six months of receiving 4 31 the grant award by the Iowa commission on volunteer services as 4 32 utilizing the standards for effective practice for mentoring 4 33 programs.</p>	<p>Allocates \$427,539 for children's substance abuse prevention programs to be used for programs that utilize mentors. Requires the programs that receive funding to be verified within six months of receiving grants by the Iowa Commission on Volunteer Services as using effective standards for mentoring programs. DETAIL: This is no change compared to the FY 2012 allocation.</p>
<p>4 34 (ii) Of the funds allocated in this subparagraph division 4 35 (a), \$213,419 <u>\$426,839</u> shall be used for grant funding for 5 1 organizations that provide programming that includes youth 5 2 development and leadership. The programs shall also be 5 3 recognized as being programs that are scientifically based with 5 4 evidence of their effectiveness in reducing substance abuse in 5 5 children.</p>	<p>Allocates \$426,839 for substance abuse prevention programs for children to provide programs that include youth and character development and leadership. Requires the programs to be recognized as scientifically-based with evidence of effectiveness in reducing substance abuse in children. DETAIL: This is no change compared to the FY 2012 allocation.</p>
<p>5 6 (iii) The department of public health shall utilize a 5 7 request for proposals process to implement the grant program.</p>	<p>Requires the DPH to issue a Request for Proposals (RFP) to determine grant recipients for the funds allocated for substance abuse prevention programs for children.</p>
<p>5 8 (iv) All grant recipients shall participate in a program 5 9 evaluation as a requirement for receiving grant funds.</p>	<p>Requires substance abuse prevention programs for children grant recipients to participate in program evaluations.</p>
<p>5 10 (v) Of the funds allocated in this subparagraph division 5 11 (a), up to \$22,461 <u>\$44,922</u> may be used to administer substance 5 12 abuse prevention grants and for program evaluations.</p>	<p>Allows up to \$44,922 of the amount allocated for substance abuse prevention programs for children to be used to administer prevention program grants and program evaluations. DETAIL: This is no change compared to the FY 2012 allocation.</p>

<p>5 13 (b) Of the funds allocated in this subparagraph (1), 5 14 \$136,531 <u>\$273,062</u> shall be used for culturally competent 5 15 substance abuse treatment pilot projects. 5 16 (i) The department shall utilize the amount allocated 5 17 in this subparagraph division (b) for at least three pilot 5 18 projects to provide culturally competent substance abuse 5 19 treatment in various areas of the state. Each pilot project 5 20 shall target a particular ethnic minority population. The 5 21 populations targeted shall include but are not limited to 5 22 African American, Asian, and Latino. 5 23 (ii) The pilot project requirements shall provide for 5 24 documentation or other means to ensure access to the cultural 5 25 competence approach used by a pilot project so that such 5 26 approach can be replicated and improved upon in successor 5 27 programs.</p>	<p>Allocates \$273,062 for at least three culturally competent substance abuse treatment pilot projects. Each pilot project is required to target a particular ethnic minority population, including but not limited to African American, Asian, and Latino.</p> <p>DETAIL: This is no change compared to the FY 2012 allocation.</p>
<p>5 28 (2) Of the funds allocated in this paragraph "b", up 5 29 to \$1,558,426 <u>\$3,116,852</u> may be used for problem gambling 5 30 prevention, treatment, and recovery services.</p>	<p>Allocates \$3,116,852 for problem gambling treatment, prevention, and recovery services.</p> <p>DETAIL: This is no change compared to the FY 2012 allocation.</p>
<p>5 31 (a) Of the funds allocated in this subparagraph (2), 5 32 \$1,289,500 <u>\$2,579,000</u> shall be used for problem gambling 5 33 prevention and treatment.</p>	<p>Allocates \$2,579,000 for problem gambling prevention and treatment.</p> <p>DETAIL: This is no change compared to the FY 2012 allocation.</p>
<p>5 34 (b) Of the funds allocated in this subparagraph (2), up to 5 35 \$248,926 <u>\$437,852</u> may be used for a 24-hour helpline, public 6 1 information resources, professional training, and program 6 2 evaluation.</p>	<p>Allocates up to \$437,852 for a 24-hour helpline, public information resources, professional training, and program evaluation.</p> <p>DETAIL: This is no change compared to the FY 2012 allocation.</p>
<p>6 3 (c) Of the funds allocated in this subparagraph (2), up 6 4 to \$50,000 <u>\$100,000</u> may be used for the licensing of problem 6 5 gambling treatment programs.</p>	<p>Permits the Department to use up to \$100,000 for licensing of problem gambling treatment programs.</p> <p>DETAIL: This is no change compared to the FY 2012 allocation.</p>
<p>6 6 (3) It is the intent of the general assembly that from the 6 7 moneys allocated in this paragraph "b", persons with a dual 6 8 diagnosis of substance abuse and gambling addictions shall be 6 9 given priority in treatment services.</p>	<p>Specifies it is the intent of the General Assembly that individuals with a diagnosis of both substance abuse and gambling addiction be given priority in treatment services.</p>
<p>6 10 c. Notwithstanding any provision of law to the contrary, 6 11 to standardize the availability, delivery, cost of delivery, 6 12 and accountability of problem gambling and substance abuse 6 13 treatment services statewide, the department shall continue</p>	<p>Requires the DPH to implement a process to create a standardized system for delivery of treatment services. Requires the process to include the establishment of joint licensure for gambling and substance abuse treatment programs.</p>

6 14 implementation of a process to create a system for delivery
 6 15 of treatment services in accordance with the requirements
 6 16 specified in 2008 Iowa Acts, chapter 1187, section 3,
 6 17 subsection 4. To ensure the system provides a continuum of
 6 18 treatment services that best meets the needs of Iowans, the
 6 19 problem gambling and substance abuse treatment services in any
 6 20 area may be provided either by a single agency or by separate
 6 21 agencies submitting a joint proposal.

6 22 (1) The system for delivery of substance abuse and problem
 6 23 gambling treatment shall include problem gambling prevention.

Requires the system of delivery of substance abuse and problem gambling treatment to include problem gambling prevention.

6 24 (2) The system for delivery of substance abuse and problem
 6 25 gambling treatment shall include substance abuse prevention by
 6 26 July 1, 2014.

Requires the Department to expand the system for delivery of substance abuse and problem gambling treatment and prevention to include substance abuse prevention by July 1, 2014.

6 27 (3) Of the funds allocated in paragraph "b", the department
 6 28 may use up to ~~\$50,000~~ \$100,000 for administrative costs to
 6 29 continue developing and implementing the process in accordance
 6 30 with this paragraph "c".

Permits the Department to use up to \$100,000 for administrative costs to continue the process of developing the system for delivery of substance abuse and problem gambling treatment and prevention programming.

DETAIL: This is no change compared to the FY 2012 allocation.

6 31 d. The requirement of section 123.53, subsection 5, is met
 6 32 by the appropriations and allocations made in this Act for
 6 33 purposes of substance abuse treatment and addictive disorders
 6 34 for the fiscal year beginning July 1, 2012.

The requirements of Iowa Code Section 123.53(5) are met by the appropriations made in this Act.

6 35 e. The department of public health shall work with all other
 7 1 departments that fund substance abuse prevention and treatment
 7 2 services and all such departments shall, to the extent
 7 3 necessary, collectively meet the state maintenance of effort
 7 4 requirements for expenditures for substance abuse services
 7 5 as required under the federal substance abuse prevention and
 7 6 treatment block grant.

Requires the Department to work with other State entities that provide funding for substance abuse treatment and prevention services to collectively meet the State Maintenance of Effort (MOE) requirements for the federal Substance Abuse Prevention and Treatment Block Grant.

7 7 f. The department shall amend or otherwise revise
 7 8 departmental policies and contract provisions in order to
 7 9 eliminate free t-shirt distribution, banner production, and
 7 10 other unnecessary promotional expenditures.

Requires the Department to revise internal policies to eliminate unnecessary promotional expenditures, including free t-shirts and banners.

7 11 2. HEALTHY CHILDREN AND FAMILIES

7 12 For promoting the optimum health status for children,
 7 13 adolescents from birth through 21 years of age, and families,
 7 14 and for not more than the following full-time equivalent

General Fund appropriation to healthy children and families programs.

DETAIL: This is an increase of \$100,000 and no change in FTE positions compared to estimated FY 2012. The change is due to a new

7 15	positions:		
7 16	.....	\$	1,297,135
7 17			2,694,270
7 18	..... FTEs		10.00

\$100,000 allocation to the University of Iowa College of Dentistry for the provision of primary dental services to children.

7 19 a. Of the funds appropriated in this subsection, not
 7 20 more than ~~\$369,659~~ \$739,318 shall be used for the healthy
 7 21 opportunities to experience success (HOPES)-healthy families
 7 22 Iowa (HFI) program established pursuant to section 135.106.
 7 23 The funding shall be distributed to renew the grants that were
 7 24 provided to the grantees that operated the program during the
 7 25 fiscal year ending June 30, 2012.

Limits the General Fund amount used to fund the Healthy Opportunities to Experience Success - Healthy Families Iowa (HOPES-HFI) Program to \$739,318. The funds are required to be distributed to the grantees that received funding in FY 2012.

DETAIL: This is no change compared to the FY 2012 allocation.

7 26 0b. (1) In order to implement the legislative intent
 7 27 stated in sections 135.106 and 256I.9, that priority for
 7 28 home visitation program funding be given to programs using
 7 29 evidence-based or promising models for home visitation, it is
 7 30 the intent of the general assembly to phase-in the funding
 7 31 priority as follows:

Implements legislative intent for Iowa Code section 135.106, HOPES-HFI, and Iowa Code section 256I.9, Early Childhood Iowa, that priority for home visitation program funding be given to programs using evidence-based or promising models for home visitation. Includes the following:

7 32 (a) By July 1, 2013, 25 percent of state funds expended
 7 33 for home visiting programs are for evidence-based or promising
 7 34 program models.

- Outlines annual funding priorities through July 1, 2016.
- Defines terms.
- Specifies data reporting requirements, including use of an internet-based data collection system.
- Directs the HOPES-HFI Program to work with Early Childhood Iowa State Board to identify minimum competency standards for employees and submit a report to the Governor and General Assembly by January 1, 2014.
- Directs that by January 1, 2013, the HOPES-HFI Program is to adopt criminal and child abuse record check requirements for employees and supervisors funded through the program.
- Directs the HOPES-HFI Program and Early Childhood Iowa State Board to develop a plan to implement a coordinated intake and referral process for publicly funded family support programs engaging expecting families or those with children through age five by July 1, 2015.

7 35 (b) By July 1, 2014, 50 percent of state funds expended
 8 1 for home visiting programs are for evidence-based or promising
 8 2 program models.

8 3 (c) By July 1, 2015, 75 percent of state funds expended
 8 4 for home visiting programs are for evidence-based or promising
 8 5 program models.

8 6 (d) By July 1, 2016, 90 percent of state funds expended
 8 7 for home visiting programs are for evidence-based or promising
 8 8 program models. The remaining 10 percent of funds may be
 8 9 used for innovative program models that do not yet meet the
 8 10 definition of evidence-based or promising programs.

8 11 (2) For the purposes of this lettered paragraph, unless the
 8 12 context otherwise requires:

8 13 (a) "Evidence-based program" means a program that is based
 8 14 on scientific evidence demonstrating that the program model
 8 15 is effective. An evidence-based program shall be reviewed
 8 16 onsite and compared to program model standards by the model
 8 17 developer or the developer's designee at least every five years
 8 18 to ensure that the program continues to maintain fidelity
 8 19 with the program model. The program model shall have had
 8 20 demonstrated significant and sustained positive outcomes in an
 8 21 evaluation utilizing a well-designed and rigorous randomized
 8 22 controlled research design or a quasi-experimental research
 8 23 design, and the evaluation results shall have been published in

8 24 a peer-reviewed journal.

8 25 _(b) “Family support programs” includes group-based parent
8 26 education or home visiting programs that are designed to
8 27 strengthen protective factors, including parenting skills,
8 28 increasing parental knowledge of child development, and
8 29 increasing family functioning and problem solving skills. A
8 30 family support program may be used as an early intervention
8 31 strategy to improve birth outcomes, parental knowledge, family
8 32 economic success, the home learning environment, family and
8 33 child involvement with others, and coordination with other
8 34 community resources. A family support program may have a
8 35 specific focus on preventing child maltreatment or ensuring
9 1 children are safe, healthy, and ready to succeed in school.

9 2 _(c) “Promising program” means a program that meets all of
9 3 the following requirements:

9 4 _(i) The program conforms to a clear, consistent family
9 5 support model that has been in existence for at least three
9 6 years.

9 7 _(ii) The program is grounded in relevant empirically-based
9 8 knowledge.

9 9 _(iii) The program is linked to program-determined outcomes.

9 10 _(iv) The program is associated with a national or state
9 11 organization that either has comprehensive program standards
9 12 that ensure high-quality service delivery and continuous
9 13 program quality improvement or the program model has
9 14 demonstrated through the program’s benchmark outcomes that the
9 15 program has achieved significant positive outcomes equivalent
9 16 to those achieved by program models with published significant
9 17 and sustained results in a peer-reviewed journal.

9 18 _(v) The program has been awarded the Iowa family support
9 19 credential and has been reviewed onsite at least every five
9 20 years to ensure the program’s adherence to the Iowa family
9 21 support standards approved by the early childhood Iowa
9 22 state board created in section 256I.3 or a comparable set of
9 23 standards. The onsite review is completed by an independent
9 24 review team that is not associated with the program or the
9 25 organization administering the program.

9 26 _(3) (a) The data reporting requirements applicable to
9 27 the HOPES-HFI program services shall include the requirements
9 28 adopted by the early childhood Iowa state board pursuant
9 29 to section 256I.4 for the family support programs targeted
9 30 to families expecting a child or with newborn and infant
9 31 children through age five and funded through the state board.
9 32 The department of public health may specify additional data
9 33 reporting requirements for the HOPES-HFI program services. The
9 34 HOPES-HFI program services shall be required to participate in

9 35 a state administered internet-based data collection system by
 10 1 July 1, 2013. The annual reporting concerning the HOPES-HFI
 10 2 program services shall include program outcomes beginning with
 10 3 the 2015 report.

10 4 (b) The data on families served that is collected by the
 10 5 HOPES-HFI program shall include but is not limited to basic
 10 6 demographic information, services received, funding utilized,
 10 7 and program outcomes for the children and families served.

10 8 (c) The HOPES-HFI program shall work with the early
 10 9 childhood Iowa state board in the state board's efforts
 10 10 to identify minimum competency standards for the employees
 10 11 and supervisors of family support programs funded. The
 10 12 HOPES-HFI program, along with the state board, shall submit
 10 13 recommendations concerning the standards to the governor and
 10 14 general assembly on or before January 1, 2014.

10 15 (d) On or before January 1, 2013, the HOPES-HFI program
 10 16 shall adopt criminal and child abuse record check requirements
 10 17 for the employees and supervisors of family support programs
 10 18 funded through the program.

10 19 (e) The HOPES-HFI program shall work with the early
 10 20 childhood Iowa state board in the state board's efforts to
 10 21 develop a plan to implement a coordinated intake and referral
 10 22 process for publicly funded family support programs in order
 10 23 to engage the families expecting a child or with newborn and
 10 24 infant children through age five in all communities in the
 10 25 state by July 1, 2015.

10 26 b. Of the funds appropriated in this subsection, ~~\$164,942~~
 10 27 ~~\$329,885~~ shall be used to continue to address the healthy
 10 28 mental development of children from birth through five years
 10 29 of age through local evidence-based strategies that engage
 10 30 both the public and private sectors in promoting healthy
 10 31 development, prevention, and treatment for children. The
 10 32 department shall work with the department of human services,
 10 33 Iowa Medicaid enterprise, to develop a plan to secure matching
 10 34 medical assistance program funding to provide services under
 10 35 this paragraph, which may include a per member per month
 11 1 payment to reimburse the care coordination and community
 11 2 outreach services component that links young children and their
 11 3 families with identified service needs.

Allocates \$329,885 for the children's healthy mental development programs. The DPH, the DHS, and the Iowa Medicaid Enterprise (IME) are directed to develop a plan to secure matching Medicaid funding.

DETAIL: This is no change compared to the FY 2012 allocation.

11 4 c. Of the funds appropriated in this subsection, ~~\$15,798~~
 11 5 ~~\$31,597~~ shall be distributed to a statewide dental carrier to
 11 6 provide funds to continue the donated dental services program
 11 7 patterned after the projects developed by the lifeline network
 11 8 to provide dental services to indigent elderly and disabled

Allocates \$31,597 for dental services for indigent elderly and disabled individuals.

DETAIL: This is no change compared to the FY 2012 allocation.

11 9 individuals.

11 10 d. Of the funds appropriated in this subsection, ~~\$56,338~~
11 11 \$112,677 shall be used for childhood obesity prevention.

Allocates \$112,677 for childhood obesity programs.

DETAIL: This no change compared to the FY 2012 allocation.

11 12 e. Of the funds appropriated in this subsection, ~~\$84,880~~
11 13 \$163,760 shall be used to provide audiological services and
11 14 hearing aids for children. The department may enter into a
11 15 contract to administer this paragraph.

Allocates \$163,760 for the Audiological Services for Kids Program.

DETAIL: This is no change compared to the FY 2012 allocation.

11 16 f. Of the funds appropriated in this subsection, \$100,000
11 17 shall be transferred to the university of iowa college of
11 18 dentistry for provision of primary dental services to children.
11 19 State funds shall be matched on a dollar-for-dollar basis.
11 20 The university of iowa college of dentistry shall coordinate
11 21 efforts with the department of public health, bureau of oral
11 22 health, to provide dental care to underserved populations
11 23 throughout the state.

Transfers \$100,000 to the University of Iowa College of Dentistry for the provision of primary dental services to children. Requires a one-to-one dollar match. The College is directed to coordinate efforts with the Department's Bureau of Oral Health to provide dental care to underserved populations throughout Iowa.

DETAIL: This is a new allocation in FY 2013.

11 24 3. CHRONIC CONDITIONS
11 25 For serving individuals identified as having chronic
11 26 conditions or special health care needs, and for not more than
11 27 the following full-time equivalent positions:

11 28	..... \$	1,680,828
11 29		<u>3,919,028</u>
11 30	..... FTEs	4.00
11 31		<u>5.00</u>

General Fund appropriation to chronic conditions programs.

DETAIL: This is net increase of \$557,372 and an increase of 1.00 FTE position compared to estimated FY 2012. The General Fund changes include:

- A decrease of \$12,500 to eliminate one-time funding for an epilepsy task force.
- An increase of \$18,746 for epilepsy education and support.
- An increase of \$51,126 for the AIDS Drug Assistance Program (ADAP).
- A new allocation of \$500,000 for cervical cancer early detection services.

11 32 a. Of the funds appropriated in this subsection, ~~\$80,294~~
11 33 \$160,582 shall be used for grants to individual patients
11 34 who have phenylketonuria (PKU) to assist with the costs of
11 35 necessary special foods.

Allocates \$160,582 for phenylketonuria (PKU) assistance.

DETAIL: This is no change compared to the FY 2012 allocation.

12 1 b. Of the funds appropriated in this subsection, ~~\$244,800~~
12 2 \$483,600 is allocated for continuation of the contracts for
12 3 resource facilitator services in accordance with section
12 4 135.22B, subsection 9, and for brain injury training services
12 5 and recruiting of service providers to increase the capacity
12 6 within this state to address the needs of individuals with
12 7 brain injuries and such individuals' families.

Allocates \$483,600 for continuation of the two contracts in the DPH Brain Injury Services Program for facilitator services, training services, and provider recruitment.

DETAIL: This is no change compared to the FY 2012 allocation.

<p>12 8 c. Of the funds appropriated in this subsection, \$249,437 12 9 <u>\$550,000</u> shall be used as additional funding to leverage 12 10 federal funding through the federal Ryan White Care Act, Tit. 12 11 II, AIDS drug assistance program supplemental drug treatment 12 12 grants.</p>	<p>Allocates \$550,000 to the ADAP.</p> <p>DETAIL: This is an increase of \$51,126 compared to the FY 2012 allocation.</p>
<p>12 13 d. Of the funds appropriated in this subsection, \$15,627 12 14 <u>\$50,000</u> shall be used for the public purpose of providing 12 15 a grant to an existing national-affiliated organization to 12 16 provide education, client-centered programs, and client and 12 17 family support for people living with epilepsy and their 12 18 families.</p>	<p>Allocates \$50,000 for epilepsy education and support.</p> <p>DETAIL: This an increase of \$18,746 compared to the FY 2012 allocation.</p>
<p>12 19 e. Of the funds appropriated in this subsection, \$394,151 12 20 <u>\$788,303</u> shall be used for child health specialty clinics.</p>	<p>Allocates \$788,303 for child health specialty clinics.</p> <p>DETAIL: This is no change compared to the FY 2012 allocation.</p>
<p>12 21 f. Of the funds appropriated in this subsection, \$248,533 12 22 <u>\$497,065</u> shall be used for the comprehensive cancer control 12 23 program to reduce the burden of cancer in Iowa through 12 24 prevention, early detection, effective treatment, and ensuring 12 25 quality of life. Of the funds allocated in this lettered 12 26 paragraph, \$75,000 <u>\$150,000</u> shall be used to support a melanoma 12 27 research symposium, a melanoma biorepository and registry, 12 28 basic and translational melanoma research, and clinical trials.</p>	<p>Allocates \$497,065 for the Iowa Comprehensive Cancer Control (ICCC) Program. Of the total amount, \$150,000 is required to be used to support various efforts in studying, tracking, and researching melanoma.</p> <p>DETAIL: This is no change compared to the FY 2012 allocation.</p>
<p>12 29 g. Of the funds appropriated in this subsection, \$63,225 12 30 <u>\$126,450</u> shall be used for cervical and colon cancer screening.</p>	<p>Allocates \$126,450 for cervical and colon cancer screening.</p> <p>DETAIL: This is no change compared to the FY 2012 allocation.</p>
<p>12 31 h. Of the funds appropriated in this subsection, \$264,417 12 32 <u>\$528,834</u> shall be used for the center for congenital and 12 33 inherited disorders. <u>A portion of the funds allocated in this</u> 12 34 <u>lettered paragraph may be used for one full-time equivalent</u> 12 35 <u>position for administration of the center.</u></p>	<p>Allocates \$528,834 for the Center for Congenital and Inherited Disorders Central Registry.</p> <p>DETAIL: This is no change compared to the FY 2012 allocation. An additional 1.00 FTE position is authorized for the state genetics coordinator.</p>
<p>13 1 i. Of the funds appropriated in this subsection, \$64,968 13 2 <u>\$129,937</u> shall be used for the prescription drug donation 13 3 repository program created in chapter 135M.</p>	<p>Allocates \$129,937 for the Prescription Drug Donation Program.</p> <p>DETAIL: This no change compared to the FY 2012 allocation.</p>
<p>13 4 <u>j. For provision of early prevention screening by pap smear</u> 13 5 <u>and advanced screening by colposcope for women with incomes</u> 13 6 <u>below 250 percent of the federal poverty level, as defined by</u></p>	<p>Allocates \$500,000 for cervical cancer early detection screening by pap smear or colposcope for women with incomes below 250.00% of the federal poverty level that are not covered by a third-party payer</p>

13 7 the most recently revised poverty income guidelines issued by
 13 8 the United States department of health and human services.
 13 9 who are not covered by a third-party payer health policy or
 13 10 contract that pays for such procedures and related laboratory
 13 11 services:
 13 12 \$ 500,000
 13 13 The department shall distribute the amount appropriated in
 13 14 this lettered paragraph to providers on behalf of eligible
 13 15 persons within the target population.

health policy or contract that pays for such procedures and related laboratory services.

DETAIL: This is a new allocation in FY 2013.

13 16 4. COMMUNITY CAPACITY
 13 17 For strengthening the health care delivery system at the
 13 18 local level, and for not more than the following full-time
 13 19 equivalent positions:
 13 20 \$ 2,117,583
 13 21 5,485,547
 13 22 FTEs 14.00

General Fund appropriation to community capacity programs.

DETAIL: This is an increase of \$1,250,381 and no change in FTE positions compared to estimated FY 2012. The General Fund changes include:

- An increase of \$17,420 to the Collaborative Safety Net Provider Network.
- A new \$50,000 allocation to support Sexual Assault Response Team grants.
- An increase of \$75,000 for primary and preventive health care through increased access to appropriate medical home providers.
- An increase of \$125,000 for Federally Qualified Health Centers (FQHCs).
- An increase of \$22,391 for maternal child health medical homes.
- An increase of \$300,000 for free clinics.
- An increase of \$39,570 for rural clinics.
- An increase of \$165,000 for the pharmaceutical infrastructure for Safety Net providers.
- An increase of \$140,000 for access to specialty care.
- An increase of \$15,000 for direct care worker recruitment and retention.
- A new \$250,000 allocation for the Primary Care Provider Recruitment and Retention Endeavor (PRIMECARRE) Loan Repayment Program.
- A new \$100,000 allocation to the Iowa Donor Network Registry.
- A new allocation of \$100,000 to support vision screening by Prevent Blindness Iowa.
- A decrease of \$149,000 for the Direct Care Worker Task Force. This item was transferred to Public Protection.

13 23 a. Of the funds appropriated in this subsection, ~~\$50,000~~
 13 24 ~~\$100,000~~ is allocated for a child vision screening program
 13 25 implemented through the university of Iowa hospitals and
 13 26 clinics in collaboration with early childhood Iowa areas.

Allocates \$100,000 for the Iowa KidSight child vision screening program through the University of Iowa Hospitals and Clinics (UIHC) in collaboration with the Lions Club and Early Childhood Iowa areas.

DETAIL: This is no change compared to the FY 2012 allocation.

13 27 b. Of the funds appropriated in this subsection, ~~\$55,654~~
 13 28 \$111,308 is allocated for continuation of an initiative
 13 29 implemented at the university of Iowa and ~~\$50,246~~ \$100,493
 13 30 is allocated for continuation of an initiative at the state
 13 31 mental health institute at Cherokee to expand and improve the
 13 32 workforce engaged in mental health treatment and services.
 13 33 The initiatives shall receive input from the university of
 13 34 Iowa, the department of human services, the department of
 13 35 public health, and the mental health and disability services
 14 1 commission to address the focus of the initiatives.

Allocates \$111,308 for a University of Iowa initiative to expand and improve the mental health treatment and services workforce. Allocates \$100,493 for a similar initiative at the Mental Health Institute (MHI) at Cherokee.

DETAIL: This is no change compared to the FY 2012 allocations.

14 2 c. Of the funds appropriated in this subsection, ~~\$585,745~~
 14 3 \$1,171,491 shall be used for essential public health services
 14 4 that promote healthy aging throughout the lifespan, contracted
 14 5 through a formula for local boards of health, to enhance health
 14 6 promotion and disease prevention services.

Requires the DPH to use \$1,171,491 for core public health functions, including home health care and public health nursing services.

DETAIL: This is no change compared to the FY 2012 allocation.

14 7 d. Of the funds appropriated in this section, ~~\$60,908~~
 14 8 \$121,817 shall be deposited in the governmental public health
 14 9 system fund created in section 135A.8 to be used for the
 14 10 purposes of the fund.

Allocates \$121,817 to the Governmental Public Health System Fund for activities related to the Department's modernization initiative.

DETAIL: This is no change compared to the FY 2012 allocation.

14 11 e. Of the funds appropriated in this subsection, ~~\$72,271~~
 14 12 \$144,542 shall be used for the mental health professional
 14 13 shortage area program implemented pursuant to section 135.80.

Allocates \$144,542 for the Mental Health Professional Shortage Area Program.

DETAIL: This is no change compared to the FY 2012 allocation.

14 14 f. Of the funds appropriated in this subsection, ~~\$49,134~~
 14 15 \$38,263 shall be used for a grant to a statewide association
 14 16 of psychologists that is affiliated with the American
 14 17 psychological association to be used for continuation of a
 14 18 program to rotate intern psychologists in placements in urban
 14 19 and rural mental health professional shortage areas, as defined
 14 20 in section ~~135.80~~ 135.180.

Allocates \$38,263 for a rotation program for intern psychologists in urban and rural mental health professional shortage areas.

DETAIL: This is no change compared to the FY 2012 allocation.

14 21 g. Of the funds appropriated in this subsection, the
 14 22 following amounts shall be allocated to the Iowa collaborative
 14 23 safety net provider network established pursuant to section
 14 24 135.153 to be used for the purposes designated. The following
 14 25 amounts allocated under this lettered paragraph shall be
 14 26 distributed to the specified provider and shall not be reduced
 14 27 for administrative or other costs prior to distribution:

Provides for allocations to the Iowa Collaborative Safety Net Provider Network. Specifies that administrative costs related to the distribution of funding to the Safety Net Provider Network may not be taken out of allocated funding.

<p>14 28 (1) For distribution to the Iowa primary care association 14 29 for statewide coordination of the Iowa collaborative safety net 14 30 provider network: 14 31 \$ 66,290 14 32 150,000 14 33 <u>(1A) For distribution to the Iowa primary care association</u> 14 34 <u>to be used for the following women's health initiatives:</u></p> <p>14 35 <u>(a) To establish a grant program for training sexual assault</u> 15 1 <u>response team (SART) members, including representatives of</u> 15 2 <u>law enforcement, victim advocates, prosecutors, and certified</u> 15 3 <u>medical personnel:</u> 15 4 \$ 50,000</p> <p>15 5 <u>(b) To promote access to primary and preventive health care</u> 15 6 <u>and for provision of assistance to patients in determining an</u> 15 7 <u>appropriate medical home:</u> 15 8 \$ 75,000</p> <p>15 9 <u>(1B) For distribution to federally qualified health centers</u> 15 10 <u>for necessary infrastructure, statewide coordination, provider</u> 15 11 <u>recruitment, service delivery, and provision of assistance to</u> 15 12 <u>patients in determining an appropriate medical home:</u> 15 13 \$ 125,000</p> <p>15 14 (2) For distribution to the local boards of health that 15 15 provide direct services for pilot programs in three counties to 15 16 assist patients in determining an appropriate medical home: 15 17 \$ 38,804 15 18 77,609</p> <p>15 19 (3) For distribution to maternal and child health centers 15 20 for pilot programs in three counties to assist patients in 15 21 determining an appropriate medical home: 15 22 \$ 38,804 15 23 100,000</p> <p>15 24 (4) For distribution to free clinics for necessary 15 25 infrastructure, statewide coordination, provider recruitment, 15 26 service delivery, and provision of assistance to patients in 15 27 determining an appropriate medical home: 15 28 \$ 62,025 15 29 424,050</p>	<p>Allocates \$150,000 for coordination of the Iowa Collaborative Safety Net Provider Network.</p> <p>DETAIL: This is an increase of \$17,420 compared to the FY 2012 allocation.</p> <p>Allocates \$50,000 to establish a grant program in collaboration with Sexual Assault Response Teams to expand the response room model throughout Iowa.</p> <p>DETAIL: This is a new allocation in FY 2013.</p> <p>Allocates \$75,000 to promote primary and preventative health care through increased access to appropriate medical home providers.</p> <p>DETAIL: This is a new allocation in FY 2013.</p> <p>Allocates \$125,000 for distribution to FQHCs for infrastructure, coordination, provider recruitment, service delivery, and assistance to patients in determining an appropriate medical home.</p> <p>DETAIL: This is a new allocation in FY 2013.</p> <p>Allocates \$77,609 for local board of health pilot programs in three counties to assist patients in finding an appropriate medical home.</p> <p>DETAIL: This is no change compared to the FY 2012 allocation.</p> <p>Allocates \$100,000 for three child and maternal health center pilot programs to assist patients in finding an appropriate medical home.</p> <p>DETAIL: This is an increase of \$22,391 compared to the FY 2012 allocation.</p> <p>Allocates \$424,050 for free clinics to assist patients in finding an appropriate medical home.</p> <p>DETAIL: This is an increase of \$300,000 compared to the FY 2012 allocation.</p>
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<p>15 30 (5) For distribution to rural health clinics for necessary 15 31 infrastructure, statewide coordination, provider recruitment, 15 32 service delivery, and provision of assistance to patients in 15 33 determining an appropriate medical home: 15 34\$ 55,215 15 35 150,000</p>	<p>Allocates \$150,000 for rural health clinics to assist patients in finding an appropriate medical home. DETAIL: This is an increase of \$39,570 compared to the FY 2012 allocation.</p>
<p>16 1 (6) For continuation of the safety net provider patient 16 2 access to specialty health care initiative as described in 2007 16 3 Iowa Acts, chapter 218, section 109: 16 4\$ 130,000 16 5 400,000</p>	<p>Allocates \$400,000 for the safety net provider patient access to specialty care initiative. DETAIL: This is an increase of \$140,000 compared to the FY 2012 allocation.</p>
<p>16 6 (7) For continuation of the pharmaceutical infrastructure 16 7 for safety net providers as described in 2007 Iowa Acts, 16 8 chapter 218, section 108: 16 9\$ 135,000 16 10 435,000</p>	<p>Allocates \$435,000 for the pharmaceutical infrastructure for safety net providers. DETAIL: This is an increase of \$165,000 compared to the FY 2012 allocation.</p>
<p>16 11 The Iowa collaborative safety net provider network may 16 12 continue to distribute funds allocated pursuant to this 16 13 lettered paragraph through existing contracts or renewal of 16 14 existing contracts.</p>	<p>Permits the Iowa Collaborative Safety Net Provider Network to continue existing contracts to distribute funds.</p>
<p>16 15 h. (1) Of the funds appropriated in this subsection, 16 16 \$74,500 shall be used for continued implementation of 16 17 the recommendations of the direct care worker task force 16 18 established pursuant to 2005 Iowa Acts, chapter 88, based upon 16 19 the report submitted to the governor and the general assembly 16 20 in December 2006. The department may use a portion of the 16 21 funds allocated in this lettered paragraph for an additional 16 22 position to assist in the continued implementation.</p>	<p>Eliminates the Direct Care Worker Task Force funding and implementation directive. DETAIL: This funding and directive is moved to Public Protection.</p>
<p>16 23 i. (1) Of the funds appropriated in this subsection, 16 24 \$65,050 \$145,100 shall be used for allocation to an independent 16 25 statewide direct care worker association <u>that serves the</u> 16 26 <u>entirety of the direct care workforce</u> under a contract with 16 27 terms determined by the director of public health relating 16 28 to education, outreach, leadership development, mentoring, 16 29 and other initiatives intended to enhance the recruitment and 16 30 retention of direct care workers in health care and long-term 16 31 care settings.</p>	<p>Allocates \$145,100 for the recruitment and retention of direct care workers in health and long-term care. DETAIL: This is an increase of \$15,000 compared to the FY 2012 allocation.</p>
<p>16 32 (2) Of the funds appropriated in this subsection, \$29,000</p>	<p>Allocates \$58,000 for scholarships for direct care worker educational</p>

<p>16 33 \$58,000 shall be used to provide scholarships or other forms of 16 34 subsidization for direct care worker educational conferences, 16 35 training, or outreach activities.</p>	<p>conferences, training, or outreach activities. DETAIL: This no change compared to the FY 2012 allocation.</p>
<p>17 1 j. Of the funds appropriated in this subsection, the 17 2 department may use up to \$29,259 \$58,518 for up to one 17 3 full-time equivalent position to administer the volunteer 17 4 health care provider program pursuant to section 135.24.</p>	<p>Permits the Department to utilize up to \$58,518 and 1.00 FTE position for administration of the Voluntary Health Care Provider Program. DETAIL: This no change compared to the FY 2012 allocation.</p>
<p>17 5 k. Of the funds appropriated in this subsection, \$25,000 17 6 \$50,000 shall be used for a matching dental education loan 17 7 repayment program to be allocated to a dental nonprofit health 17 8 service corporation to develop the criteria and implement the 17 9 loan repayment program.</p>	<p>Allocates \$50,000 for a dental education loan repayment program. DETAIL: This no change compared to the FY 2012 allocation.</p>
<p>17 10 <u>l. Of the funds appropriated in this subsection, \$250,000</u> 17 11 <u>shall be used as state matching funds for the primary care</u> 17 12 <u>provider recruitment and retention endeavor established</u> 17 13 <u>pursuant to section 135.107. Notwithstanding any provision</u> 17 14 <u>to the contrary including whether a community is located in a</u> 17 15 <u>federally designated health professional shortage area, the</u> 17 16 <u>funds shall be used for loans to medical students who upon</u> 17 17 <u>receiving a permanent license in this state will engage in</u> 17 18 <u>the full-time practice of medicine and surgery or osteopathic</u> 17 19 <u>medicine and surgery specializing in family medicine,</u> 17 20 <u>pediatrics, psychiatry, internal medicine, or general surgery</u> 17 21 <u>in a city within the state with a population of less than</u> 17 22 <u>26,000 that is located more than 20 miles from a city with a</u> 17 23 <u>population of 50,000 or more. The department may adopt rules</u> 17 24 <u>pursuant to chapter 17A to implement this paragraph "l".</u></p>	<p>Allocates \$250,000 for the PRIMECARRE as matching funds to repay education loans of primary health care clinical services located in rural, federally-designated health professional shortage areas. DETAIL: This is a new allocation in FY 2013. The Department budgeted \$126,680 for this program in FY 2012.</p>
<p>17 25 <u>m. Of the funds appropriated in this subsection, \$100,000</u> 17 26 <u>shall be used for the purposes of the Iowa donor registry as</u> 17 27 <u>specified in section 142C.18.</u></p>	<p>Allocates \$100,000 to the Iowa Donor Registry. DETAIL: This is a new allocation in FY 2013.</p>
<p>17 28 <u>n. Of the funds appropriated in this subsection, \$100,000</u> 17 29 <u>shall be used for continuation of a grant to a nationally</u> 17 30 <u>affiliated volunteer eye organization that has an established</u> 17 31 <u>program for children and adults and that is solely dedicated to</u> 17 32 <u>preserving sight and preventing blindness through education,</u> 17 33 <u>nationally certified vision screening and training, and</u> 17 34 <u>community and patient service programs.</u></p>	<p>Allocates \$100,000 to Prevent Blindness Iowa for a vision screening and training program. DETAIL: This vision screening program received \$100,000 for FY 2012 in 2011 Iowa Acts, SF 533 (Standing Appropriations Act). Prevent Blindness Iowa is an affiliate of Prevent Blindness America.</p>
<p>17 35 5. HEALTHY AGING</p>	

18 1 To provide public health services that reduce risks and
 18 2 invest in promoting and protecting good health over the
 18 3 course of a lifetime with a priority given to older lowans and
 18 4 vulnerable populations:
 18 5 \$ 3,648,574
 18 6 7,297,142

General Fund appropriation to healthy aging programs.
 DETAIL: This is no change compared to estimated FY 2012.

18 7 a. Of the funds appropriated in this subsection, ~~\$1,004,593~~
 18 8 \$2,009,187 shall be used for local public health nursing
 18 9 services.

Allocates \$2,009,187 to the Local Public Health Nursing Program.
 DETAIL: This is no change compared to the FY 2012 allocation.

18 10 b. Of the funds appropriated in this subsection, ~~\$2,643,977~~
 18 11 \$5,287,955 shall be used for home care aide services.

Allocates \$5,287,955 for the Home Care Aide Services Program.
 DETAIL: This is no change compared to the FY 2012 allocation.

18 12 6. ENVIRONMENTAL HAZARDS

General Fund appropriation to environmental hazards programs.

18 13 For reducing the public's exposure to hazards in the
 18 14 environment, primarily chemical hazards, and for not more than
 18 15 the following full-time equivalent positions:
 18 16 \$ 406,888
 18 17 813,777
 18 18 FTEs 4.00

DETAIL: This is no change compared to estimated FY 2012.

18 19 Of the funds appropriated in this subsection, ~~\$272,188~~
 18 20 \$544,377 shall be used for childhood lead poisoning provisions.

Requires an allocation of \$544,377 for childhood lead poisoning testing.
 DETAIL: This is no change compared to the FY 2012 allocation.

18 21 7. INFECTIOUS DISEASES

General Fund appropriation to infectious diseases programs.

18 22 a. For reducing the incidence and prevalence of
 18 23 communicable diseases, and for not more than the following
 18 24 full-time equivalent positions:
 18 25 \$ 672,923
 18 26 2,395,847
 18 27 FTEs 4.00

DETAIL: This is an increase of \$1,050,000 and no change in FTE positions compared to estimated FY 2012. The General Fund changes include:

- A new allocation of \$50,000 for a human papillomavirus (HPV) public awareness program.
- A new allocation of \$1,000,000 for HPV vaccinations.

18 28 b. For the human papillomavirus vaccination public
 18 29 awareness program in accordance with section 135.11, subsection
 18 30 31, as enacted by this Act:
 18 31 \$ 50,000
 18 32 The department of public health may seek private sector

Allocates \$50,000 for a HPV vaccination public awareness program.
 DETAIL: This is a new allocation in FY 2013. The Department may seek private sector funds to support the program.

18 33 moneys for the purpose of supporting the public awareness
18 34 program.

Allocates \$1,000,000 for HPV vaccinations for persons 19 through 26 years of age with incomes below 300.00% of the federal poverty level that are not covered by a third-party payer health policy or contract that covers the cost of such vaccinations.

DETAIL: This is a new allocation in FY 2013.

19 35 c. For provision of vaccinations for human papillomavirus
19 1 to persons age 19 through 26 with incomes below 300 percent
19 2 of the federal poverty level, as defined by the most recently
19 3 revised poverty income guidelines issued by the United States
19 4 department of health and human services, who are not covered
19 5 by a third-party payer health policy or contract that pays for
19 6 such vaccinations:

19 7 \$ 1,000,000

19 8 The department shall distribute the amount appropriated in
19 9 this lettered paragraph to providers on behalf of eligible
19 10 persons within the target population.

19 11 8. PUBLIC PROTECTION

General Fund appropriation to public protection programs.

19 12 For protecting the health and safety of the public through
19 13 establishing standards and enforcing regulations, and for not
19 14 more than the following full-time equivalent positions:

DETAIL: This is an increase of \$440,335 and no change in FTE positions compared to estimated FY 2012. The General Fund changes include:

19 15 \$ 1,388,116

19 16 3,216,567

19 17 FTEs 125.00

- An increase of \$102,895 for the State Poison Control Center.
- An increase of \$337,440 to support establishment of the Board of Direct Care Professionals and to continue implementation of the Direct Care Worker Task Force recommendations. An allocation of \$149,000 was provided under Community Capacity for the Direct Care Worker Task Force in FY 2012.

19 18 a. Of the funds appropriated in this subsection, not more
19 19 than ~~\$235,845~~ \$471,690 shall be credited to the emergency
19 20 medical services fund created in section 135.25. Moneys in
19 21 the emergency medical services fund are appropriated to the
19 22 department to be used for the purposes of the fund.

Allocates up to \$471,690 for the Emergency Medical Services (EMS) Fund.

DETAIL: This is no change compared to the FY 2012 allocation. The funds are used for training and equipment provided through the EMS Program.

19 23 b. Of the funds appropriated in this subsection, ~~\$105,309~~
19 24 \$210,619 shall be used for sexual violence prevention
19 25 programming through a statewide organization representing
19 26 programs serving victims of sexual violence through the
19 27 department's sexual violence prevention program. The amount
19 28 allocated in this lettered paragraph shall not be used to
19 29 supplant funding administered for other sexual violence
19 30 prevention or victims assistance programs.

Allocates \$210,619 to provide program funding for sexual violence prevention.

DETAIL: This is no change compared to the FY 2012 allocation.

19 31 c. Of the funds appropriated in this subsection, not more

Allocates up to \$539,477 for the State Poison Control Center.

19 32 than \$218,291 \$539,477 shall be used for the state poison
19 33 control center.

DETAIL: This is an increase of \$102,895 compared to the FY 2012 allocation.

19 34 d. Of the funds appropriated in this subsection, \$337,440
19 35 shall be used for the purposes of the board of direct care
20 1 professionals as established pursuant to the division of this
20 2 2012 Act enacting new Code chapter 152F. The direct care
20 3 worker advisory council established pursuant to 2008 Iowa Acts,
20 4 chapter 1188, section 69, may continue to provide expertise
20 5 and leadership relating to the recommendations in the advisory
20 6 council's final report submitted to the governor and the
20 7 general assembly in March 2012.

Allocates \$337,440 for the establishment of the Board of Direct Care Professionals and to continue for implementation of the recommendations of the Direct Care Worker Task Force.

DETAIL: This is an increase of \$188,440 compared to the FY 2012 allocation under Chronic Conditions.

20 8 9. RESOURCE MANAGEMENT
20 9 For establishing and sustaining the overall ability of the
20 10 department to deliver services to the public, and for not more
20 11 than the following full-time equivalent positions:
20 12 \$ 409,777
20 13 819,554
20 14 FTEs 7.00

General Fund appropriation to the Department's resource management activities.

DETAIL: This is no change compared to estimated FY 2012.

20 15 The university of Iowa hospitals and clinics under the
20 16 control of the state board of regents shall not receive
20 17 indirect costs from the funds appropriated in this section.
20 18 The university of Iowa hospitals and clinics billings to the
20 19 department shall be on at least a quarterly basis.

Prohibits the UIHC from receiving indirect cost reimbursement from General Fund appropriations to the DPH. Requires the UIHC to submit billings on a quarterly basis each year.

20 20 DIVISION III
20 21 DEPARTMENT OF VETERANS AFFAIRS

20 22 Sec. 3. 2011 Iowa Acts, chapter 129, section 115, is amended
20 23 to read as follows:

20 24 SEC. 115. DEPARTMENT OF VETERANS AFFAIRS. There is
20 25 appropriated from the general fund of the state to the
20 26 department of veterans affairs for the fiscal year beginning
20 27 July 1, 2012, and ending June 30, 2013, the following amounts,
20 28 or so much thereof as is necessary, to be used for the purposes
20 29 designated:

20 30 1. DEPARTMENT OF VETERANS AFFAIRS ADMINISTRATION
20 31 For salaries, support, maintenance, and miscellaneous
20 32 purposes, including the war orphans educational assistance fund
20 33 created in section 35.8, and for not more than the following
20 34 full-time equivalent positions:

20 35 \$ 499,416
21 1 1,010,832

General Fund appropriation to the Department of Veteran Affairs.

DETAIL: This is an increase of \$12,000 and 1.34 FTE positions compared to estimated FY 2012. This change is for an increase for general administration.

<p>21 2 FTEs 16.34</p> <p>21 3 2. IOWA VETERANS HOME</p> <p>21 4 For salaries, support, maintenance, and miscellaneous</p> <p>21 5 purposes:</p> <p>21 6 \$ 4,476,075</p> <p>21 7 8,952,151</p> <p>21 8 a. The Iowa veterans home billings involving the department</p> <p>21 9 of human services shall be submitted to the department on at</p> <p>21 10 least a monthly basis.</p> <p>21 11 b. If there is a change in the employer of employees</p> <p>21 12 providing services at the Iowa veterans home under a collective</p> <p>21 13 bargaining agreement, such employees and the agreement shall</p> <p>21 14 be continued by the successor employer as though there had not</p> <p>21 15 been a change in employer.</p> <p>21 16 c. Within available resources and in conformance with</p> <p>21 17 associated state and federal program eligibility requirements,</p> <p>21 18 the Iowa veterans home may implement measures to provide</p> <p>21 19 financial assistance to or on behalf of veterans or their</p> <p>21 20 spouses <u>who are</u> participating in the community reentry program.</p> <p>21 21 <u>d. The Iowa veterans home expenditure report shall be</u></p> <p>21 22 <u>submitted monthly to the legislative services agency.</u></p> <p>21 23 3. STATE EDUCATIONAL ASSISTANCE — CHILDREN OF DECEASED</p> <p>21 24 VETERANS</p> <p>21 25 For provision of educational assistance pursuant to section</p> <p>21 26 35.9:</p> <p>21 27 \$ 6,208</p> <p>21 28 12,416</p> <p>21 29 <u>4. HOME OWNERSHIP ASSISTANCE PROGRAM</u></p> <p>21 30 <u>For transfer to the Iowa finance authority for the</u></p> <p>21 31 <u>continuation of the home ownership assistance program for</u></p> <p>21 32 <u>persons who are or were eligible members of the armed forces of</u></p> <p>21 33 <u>the United States, pursuant to section 16.54:</u></p> <p>21 34 \$ 1,600,000</p>	<p>General Fund appropriation to the Iowa Veterans Home (IVH).</p> <p>DETAIL: This is no change compared to estimated FY 2012.</p> <p>Requires the IVH to submit monthly claims relating to Medicaid to the DHS.</p> <p>Requires a new employer to honor an existing collective bargaining agreement at the IVH.</p> <p>Permits the IVH to provide financial assistance to support participation in the community reentry program within State and federal eligibility requirements.</p> <p>General Fund appropriation for the State Educational Assistance for Children of Deceased Veterans Program.</p> <p>DETAIL: This is no change compared to estimated FY 2012.</p> <p>General Fund appropriation for the Home Ownership Assistance Program for military members.</p> <p>DETAIL: This is a new appropriation of \$1,600,000 in FY 2013. This Program received an appropriation of \$1,000,000 from the Rebuild Iowa Infrastructure Fund in FY 2012. The Program is administered by the Iowa Finance Authority (IFA) and provides up to \$5,000 in the form of a once-in-a-lifetime grant for down payment and closing costs toward the purchase of a home. Services members must have served on active duty on or after September 11, 2001, and purchased a home after March 10, 2005. The home must be a primary residence. The</p>
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Department of Veterans Affairs reviews each application to determine eligibility of the service member, and the IFA determines eligibility for the qualifying loan.

21 35 Sec. 4. 2011 Iowa Acts, chapter 129, section 116, is amended
22 1 to read as follows:

General Fund appropriation for the County Commissions of Veterans Affairs Fund.

DETAIL: This is no change compared to estimated FY 2012.

22 2 SEC. 116. LIMITATION OF COUNTY COMMISSION OF VETERANS
22 3 AFFAIRS FUND STANDING APPROPRIATIONS. Notwithstanding the
22 4 standing appropriation in the following designated section for
22 5 the fiscal year beginning July 1, 2012, and ending June 30,
22 6 2013, the amounts appropriated from the general fund of the
22 7 state pursuant to that section for the following designated
22 8 purposes shall not exceed the following amount:

22 9	For the county commissions of veterans affairs fund under	
22 10	section 35A.16:	
22 11	.....	\$ 495,000
22 12		<u>990,000</u>

22 13 DIVISION IV
22 14 DEPARTMENT OF HUMAN SERVICES
22 15 Sec. 5. 2011 Iowa Acts, chapter 129, section 117, is amended
22 16 to read as follows:

TANF Block Grant Fund appropriations for FY 2013.

DETAIL: The federal government implemented Federal Welfare Reform on August 22, 1996. Federal Welfare Reform changed the funding for the Family Investment Program (FIP) from a matching program to a federal block grant. The TANF Program was reauthorized on February 8, 2006, with work participation rates extended to separate State programs and the elimination of high performance bonuses; however, Iowa's grant remains the same at \$131,524,959 per year.

22 17 SEC. 117. TEMPORARY ASSISTANCE FOR NEEDY FAMILIES BLOCK
22 18 GRANT. There is appropriated from the fund created in section
22 19 8.41 to the department of human services for the fiscal year
22 20 beginning July 1, 2012, and ending June 30, 2013, from moneys
22 21 received under the federal temporary assistance for needy
22 22 families (TANF) block grant pursuant to the federal Personal
22 23 Responsibility and Work Opportunity Reconciliation Act of 1996,
22 24 Pub.L.No.104-193, and successor legislation, and from moneys
22 25 received under the emergency contingency fund for temporary
22 26 assistance for needy families state program established
22 27 pursuant to the federal American Recovery and Reinvestment Act
22 28 of 2009, Pub.L. No.111-5 §2101, and successor legislation,
22 29 the following amounts, or so much thereof as is necessary, to
22 30 be used for the purposes designated:

TANF FY 2013 Block Grant appropriation for the FIP Account.

DETAIL: This is a decrease of \$1,710,373 compared to estimated FY 2012. The decrease is due to a declining caseload and available carryforward.

22 31	1. To be credited to the family investment program account	
22 32	and used for assistance under the family investment program	
22 33	under chapter 239B:	
22 34	.....	\$ 40,750,369
22 35		<u>19,790,365</u>

23 1 2. To be credited to the family investment program account

TANF FY 2013 Block Grant appropriation for the PROMISE JOBS

23 2 and used for the job opportunities and basic skills (JOBS)
 23 3 program and implementing family investment agreements in
 23 4 accordance with chapter 239B:
 23 5\$ 6,205,764
 23 612,411,528

Program.

DETAIL: This is no change compared to the current level of TANF support.

23 7 3. To be used for the family development and
 23 8 self-sufficiency grant program in accordance with section
 23 9 216A.107:
 23 10\$ 1,449,490
 23 112,898,980

TANF FY 2013 Block Grant appropriation for the Family Development and Self Sufficiency (FaDSS) Program.

DETAIL: This is no change compared to the current level of TANF support.

23 12 Notwithstanding section 8.33, moneys appropriated in this
 23 13 subsection that remain unencumbered or unobligated at the close
 23 14 of the fiscal year shall not revert but shall remain available
 23 15 for expenditure for the purposes designated until the close of
 23 16 the succeeding fiscal year. However, unless such moneys are
 23 17 encumbered or obligated on or before September 30, 2013, the
 23 18 moneys shall revert.

Requires nonreversion of funds allocated for the FaDSS Grant Program.

23 19 4. For field operations:
 23 20\$ 15,648,116
 23 2131,296,232

TANF FY 2013 Block Grant appropriation for Field Operations.

DETAIL: This is no change compared to the current level of TANF support.

23 22 5. For general administration:
 23 23\$ 1,872,000
 23 243,744,000

TANF FY 2013 Block Grant appropriation for General Administration.

DETAIL: This is no change compared to the current level of TANF support.

23 25 6. For state child care assistance:
 23 26\$ 8,191,343
 23 2716,382,687

TANF FY 2013 Block Grant appropriation for Child Care Assistance.

DETAIL: This is no change compared to the current level of TANF support.

23 28 The funds appropriated in this subsection shall be
 23 29 transferred to the child care and development block grant
 23 30 appropriation made pursuant to 2011 Iowa Acts, chapter
 23 31 126, section 32, by the Eighty-fourth General Assembly,
 23 32 2012 Session, for the federal fiscal year beginning October
 23 33 1, 2012, and ending September 30, 2013. Of this amount,
 23 34 ~~\$100,000~~ \$200,000 shall be used for provision of educational
 23 35 opportunities to registered child care home providers in order
 24 1 to improve services and programs offered by this category

Requires the DHS to transfer \$16,382,687 to the Child Care and Development Block Grant and to use \$200,000 for training of registered child care home providers. Permits the DHS to contract with colleges or child care resource and referral centers and specifies requirements for funding the grants and the application form for the grant. Caps contractor's administrative costs at 5.00%.

24 2 of providers and to increase the number of providers. The
 24 3 department may contract with institutions of higher education
 24 4 or child care resource and referral centers to provide
 24 5 the educational opportunities. Allowable administrative
 24 6 costs under the contracts shall not exceed 5 percent. The
 24 7 application for a grant shall not exceed two pages in length.

24 8 7. For distribution to counties for state case services
 24 9 for persons with mental health and illness, an intellectual
 24 10 disability, or a developmental disabilities community services
 24 11 disability in accordance with section 331.440:
 24 12 \$ 2,447,026
 24 13 4,894,052

TANF FY 2013 Block Grant appropriation for Mental Health and
 Developmental Disabilities Community Services.

DETAIL: This is no change compared to the current level of TANF
 support.

24 14 8. For child and family services:
 24 15 \$ 16,042,215
 24 16 32,084,430

TANF FY 2013 Block Grant appropriation for Child and Family
 Services.

DETAIL: This is no change compared to the current level of TANF
 support.

24 17 9. For child abuse prevention grants:
 24 18 \$ 62,500
 24 19 125,000

TANF FY 2013 Block Grant appropriation for Child Abuse Prevention
 Grants.

DETAIL: This is no change compared to the current level of TANF
 support.

24 20 10. For pregnancy prevention grants on the condition that
 24 21 family planning services are funded:
 24 22 \$ 965,033
 24 23 1,930,067

TANF FY 2013 Block Grant appropriation for pregnancy prevention
 grants if family planning services are funded.

DETAIL: This is no change compared to the current level of TANF
 support.

24 24 Pregnancy prevention grants shall be awarded to programs
 24 25 in existence on or before July 1, 2012, if the programs have
 24 26 demonstrated positive outcomes. Grants shall be awarded to
 24 27 pregnancy prevention programs which are developed after July
 24 28 1, 2012, if the programs are based on existing models that
 24 29 have demonstrated positive outcomes. Grants shall comply with
 24 30 the requirements provided in 1997 Iowa Acts, chapter 208,
 24 31 section 14, subsections 1 and 2, including the requirement that
 24 32 grant programs must emphasize sexual abstinence. Priority in
 24 33 the awarding of grants shall be given to programs that serve
 24 34 areas of the state which demonstrate the highest percentage of
 24 35 unplanned pregnancies of females of childbearing age within the
 25 1 geographic area to be served by the grant.

Requires the Department to award pregnancy prevention grants that
 are based on existing models and to programs that have demonstrated
 positive outcomes. Requires pregnancy prevention grants from the
 TANF to include the requirement that sexual abstinence be
 emphasized. Specifies that priority in awarding the grants should be
 given to programs in areas of the State that have the highest
 percentage of unplanned adolescent pregnancies within the geographic
 area served by the grant.

25 2 11. For technology needs and other resources necessary
 25 3 to meet federal welfare reform reporting, tracking, and case
 25 4 management requirements:
 25 5\$ 518,593
 25 61,037,186

TANF FY 2013 Block Grant appropriation for federal welfare reform reporting, tracking, and case management technology and resource needs.

DETAIL: This is no change compared to the current level of TANF support.

25 7 12. To be credited to the state child care assistance
 25 8 appropriation made in this section to be used for funding of
 25 9 community-based early childhood programs targeted to children
 25 10 from birth through five years of age developed by early
 25 11 childhood Iowa areas as provided in section 256I.11:
 25 12\$ 3,175,000
 25 136,350,000

TANF FY 2013 Block Grant appropriation to fund community-based programs for children from birth to age five as developed by community empowerment areas.

DETAIL: This is no change compared to the current level of TANF support.

25 14 The department shall transfer TANF block grant funding
 25 15 appropriated and allocated in this subsection to the child care
 25 16 and development block grant appropriation in accordance with
 25 17 federal law as necessary to comply with the provisions of this
 25 18 subsection.

Requires the DHS to transfer TANF funds to the Child Care and Development Block Grant.

25 19 13. a. Notwithstanding any provision to the contrary,
 25 20 including but not limited to requirements in section 8.41 or
 25 21 provisions in 2011 or 2012 Iowa Acts regarding the receipt
 25 22 and appropriation of federal block grants, federal funds
 25 23 from the ~~emergency contingency fund~~ for temporary assistance
 25 24 for needy families ~~state program established pursuant to the~~
 25 25 ~~federal American Recovery and Reinvestment Act of 2009, Pub.~~
 25 26 ~~L. No. 111-5 § 2101, block grant~~ received by the state during
 25 27 ~~the fiscal year beginning July 1, 2011, and ending June 30,~~
 25 28 ~~2012,~~ not otherwise appropriated in this section and remaining
 25 29 available ~~as of for the fiscal year beginning~~ July 1, 2012, and
 25 30 ~~received by the state during the fiscal year beginning July~~
 25 31 ~~1, 2012, and ending June 30, 2013,~~ are appropriated to the
 25 32 department of human services to the extent as may be necessary
 25 33 to be used in the following priority order:the family
 25 34 investment program for the fiscal year and for state child care
 25 35 assistance program payments for individuals enrolled in the
 26 1 family investment program who are employed. The federal funds
 26 2 appropriated in this paragraph "a" shall be expended only after
 26 3 all other funds appropriated in subsection 1 for the assistance
 26 4 under the family investment program under chapter 239B have
 26 5 been expended.

Removes references to the American Reinvestment and Recovery Act (ARRA) and allows the DHS to carryforward funds for TANF.

DETAIL: The DHS has not received any new ARRA funds since FY 2011.

26 6 b. The department shall, on a quarterly basis, advise the

Requires the DHS to submit quarterly reports to the LSA and the

26 7 legislative services agency and department of management of
 26 8 the amount of funds appropriated in this subsection that was
 26 9 expended in the prior quarter.

Department of Management (DOM) regarding expenditures in this Section.

26 10 14. Of the amounts appropriated in this section, ~~\$6,481,004~~
 26 11 \$12,962,008 for the fiscal year beginning July 1, 2012, shall
 26 12 be transferred to the appropriation of the federal social
 26 13 services block grant made for that fiscal year.

Requires \$12,962,008 of the federal TANF funds appropriated in this Section be transferred to the federal Social Services Block Grant appropriation.

DETAIL: This is no change compared to the current level of TANF support.

26 14 15. For continuation of the program allowing the department
 26 15 to maintain categorical eligibility for the food assistance
 26 16 program as required under the section of this division relating
 26 17 to the family investment account:

TANF FY 2013 Block Grant appropriation to the Promoting Healthy Marriage Program.

26 18		\$	73,036
26 19			<u>25,000</u>

DETAIL: This is a decrease of \$121,072 compared to the FY 2012 appropriation.

26 20 16. The department may transfer funds allocated in this
 26 21 section to the appropriations made in this division of this Act
 26 22 for general administration and field operations for resources
 26 23 necessary to implement and operate the services referred to in
 26 24 this section and those funded in the appropriation made in this
 26 25 division of this Act for the family investment program from the
 26 26 general fund of the state.

Permits the DHS to transfer funds to General Administration and Field Operations for costs associated with TANF-funded programs and the FIP.

26 27 Sec. 6. 2011 Iowa Acts, chapter 129, section 118, is amended
 26 28 to read as follows:

26 29 SEC. 118. FAMILY INVESTMENT PROGRAM ACCOUNT.
 26 30 1. Moneys credited to the family investment program (FIP)
 26 31 account for the fiscal year beginning July 1, 2012, and
 26 32 ending June 30, 2013, shall be used to provide assistance in
 26 33 accordance with chapter 239B.

Requires funds credited to the FIP Account for FY 2013 to be used as specified.

26 34 2. The department may use a portion of the moneys credited
 26 35 to the FIP account under this section as necessary for
 27 1 salaries, support, maintenance, and miscellaneous purposes.

Permits the DHS to use FIP funds for various administrative purposes.

27 2 3. The department may transfer funds allocated in this
 27 3 section to the appropriations in this division of this Act
 27 4 for general administration and field operations for resources
 27 5 necessary to implement and operate the services referred to in
 27 6 this section and those funded in the appropriation made in this
 27 7 division of this Act for the family investment program from the
 27 8 general fund of the state.

Permits the DHS to transfer funds to General Administration and Field Operations for costs associated with this Section.

27 9 4. Moneys appropriated in this division of this Act and
27 10 credited to the FIP account for the fiscal year beginning July
27 11 1, 2012, and ending June 30, 2013, are allocated as follows:

Requires the TANF Block Grant funds appropriated to the FIP Account to be allocated as specified.

27 12 a. To be retained by the department of human services to
27 13 be used for coordinating with the department of human rights
27 14 to more effectively serve participants in the FIP program and
27 15 other shared clients and to meet federal reporting requirements
27 16 under the federal temporary assistance for needy families block
27 17 grant:

Allocates \$20,000 to the DHS to be used for administrative services.

DETAIL: This is no change compared to the current level of support.

27 18 \$ 10,000
27 19 20,000

27 20 b. To the department of human rights for staffing,
27 21 administration, and implementation of the family development
27 22 and self-sufficiency grant program in accordance with section
27 23 216A.107:

Allocates \$5,942,834 of the FY 2013 General Fund appropriation and TANF funds to the Department of Human Rights for the FaDSS Grant Program.

DETAIL: This is an increase of \$600,000 compared to the FY 2012 allocation.

27 24 \$ 2,671,417
27 25 5,942,834

27 26 (1) Of the funds allocated for the family development and
27 27 self-sufficiency grant program in this lettered paragraph,
27 28 not more than 5 percent of the funds shall be used for the
27 29 administration of the grant program.

Specifies that a maximum of 5.00% of the allocation be spent on administration of FaDSS Program grants.

27 30 (2) The department of human rights may continue to implement
27 31 the family development and self-sufficiency grant program
27 32 statewide during fiscal year 2012-2013.

Permits the Department of Human Rights to continue to implement the FaDSS Grant Program in FY 2013.

27 33 c. For the diversion subaccount of the FIP account:
27 34 \$ 849,200
27 35 1,698,400

Allocates \$1,698,400 of FY 2013 TANF funds for the FIP Diversion Subaccount.

DETAIL: This is no change compared to the FY 2012 allocation.

28 1 A portion of the moneys allocated for the subaccount may
28 2 be used for field operations salaries, data management system
28 3 development, and implementation costs and support deemed
28 4 necessary by the director of human services in order to
28 5 administer the FIP diversion program.

Allows a portion of the FIP Diversion funds to be used to administer the FIP Diversion Program.

28 6 d. For the food stamp employment and training program:
28 7 \$ 33,294
28 8 66,588

Allocates \$66,588 of FY 2013 FIP funds to the Food Stamp Employment and Training Program.

DETAIL: This is no change compared to the FY 2012 allocation.

28 9 (1) The department shall amend the food stamp employment and
 28 10 training state plan in order to maximize to the fullest extent
 28 11 permitted by federal law the use of the 50-50 match provisions
 28 12 for the claiming of allowable federal matching funds from the
 28 13 United States department of agriculture pursuant to the federal
 28 14 food stamp employment and training program for providing
 28 15 education, employment, and training services for eligible food
 28 16 assistance program participants, including but not limited to
 28 17 related dependent care and transportation expenses.

Requires the Department to amend the Food Stamp Employment and Training State Plan to maximize federal matching funds received.

28 18 (2) The department shall continue the categorical federal
 28 19 food assistance program eligibility at 160 percent of the
 28 20 federal poverty level and continue to eliminate the asset test
 28 21 from eligibility requirements, consistent with federal food
 28 22 assistance program requirements. The department shall include
 28 23 as many food assistance households as is allowed by federal
 28 24 law. The eligibility provisions shall conform to all federal
 28 25 requirements including requirements addressing individuals who
 28 26 are incarcerated or otherwise ineligible.

Requires the DHS to continue food assistance program eligibility to persons with income up to 160.00% of the Federal Poverty Level (FPL). The DHS is to conform to all federal requirements including requirements addressing individuals that are incarcerated.

28 27 e. For the JOBS program:
 28 28 \$ 40,117,952
 28 29 20,235,905

Permits the DHS to allocate \$20,235,905 of the FY 2013 General Fund appropriation and TANF funds for the PROMISE JOBS Program.

DETAIL: This is no change compared to the FY 2012 allocation.

28 30 5. Of the child support collections assigned under FIP,
 28 31 an amount equal to the federal share of support collections
 28 32 shall be credited to the child support recovery appropriation
 28 33 made in this division of this Act. Of the remainder of the
 28 34 assigned child support collections received by the child
 28 35 support recovery unit, a portion shall be credited to the FIP
 29 1 account, a portion may be used to increase recoveries, and a
 29 2 portion may be used to sustain cash flow in the child support
 29 3 payments account. If as a consequence of the appropriations
 29 4 and allocations made in this section the resulting amounts
 29 5 are insufficient to sustain cash assistance payments and meet
 29 6 federal maintenance of effort requirements, the department
 29 7 shall seek supplemental funding. If child support collections
 29 8 assigned under FIP are greater than estimated or are otherwise
 29 9 determined not to be required for maintenance of effort, the
 29 10 state share of either amount may be transferred to or retained
 29 11 in the child support payment account.

Requires the federal share of child support collections recovered by the State to be credited to the Child Support Recovery Unit. The remainder of support collected is credited to the FIP account, and the DHS is permitted to use a portion to increase recoveries and to sustain cash flow in the child support payments account.

29 12 6. The department may adopt emergency rules for the family
 29 13 investment, JOBS, food stamp, and medical assistance programs
 29 14 if necessary to comply with federal requirements.

Permits the DHS to adopt emergency administrative rules for the FIP, Food Stamp Program, and Medical Assistance (Medicaid) Program.

29 15 Sec. 7. 2011 Iowa Acts, chapter 129, section 119, is amended
29 16 to read as follows:

29 17 SEC. 119. FAMILY INVESTMENT PROGRAM GENERAL FUND. There
29 18 is appropriated from the general fund of the state to the
29 19 department of human services for the fiscal year beginning July
29 20 1, 2012, and ending June 30, 2013, the following amount, or
29 21 so much thereof as is necessary, to be used for the purpose
29 22 designated:

29 23 To be credited to the family investment program (FIP)
29 24 account and used for family investment program assistance under
29 25 chapter 239B:
29 26 \$ 25,085,513
29 27 50,742,028

General Fund appropriation to the DHS for the FIP, to be credited to the FIP Account. The appropriation for the FIP Account also contains funding for the PROMISE JOBS and FaDSS Programs. The appropriation maintains the current FIP payment levels (maximum grants of \$361 per month for a family with two persons and \$426 for a family with three persons).

DETAIL: This is a net increase of \$571,001 compared to estimated FY 2012. The changes include:

- An increase of \$3,770,578 to replace TANF carryforward.
- An increase of \$500,000 for a Food Bank Program. An increase of \$600,000 for the FaDSS Program.
- A decrease of \$2,239,372 due to a reduction in FIP caseloads.
- A decrease of \$1,939,133 due to available carryforward.
- A decrease of \$121,072 due to food assistance postage savings.

29 28 1. Of the funds appropriated in this section, ~~\$3,912,188~~
29 29 \$7,824,377 is allocated for the JOBS program.

General Fund allocation of \$7,824,377 for the PROMISE JOBS Program.

DETAIL: This is no change compared to the FY 2012 allocation.

29 30 2. Of the funds appropriated in this section, ~~\$1,231,927~~
29 31 \$3,063,854 is allocated for the family development and
29 32 self-sufficiency grant program.

General Fund allocation of \$3,063,854 for the FaDSS Program.

DETAIL: This is an increase of \$600,000 compared to the FY 2012 allocation.

29 33 3. Notwithstanding section 8.39, for the fiscal year
29 34 beginning July 1, 2012, if necessary to meet federal
29 35 maintenance of effort requirements or to transfer federal
30 1 temporary assistance for needy families block grant funding
30 2 to be used for purposes of the federal social services block
30 3 grant or to meet cash flow needs resulting from delays in
30 4 receiving federal funding or to implement, in accordance with
30 5 this division of this Act, activities currently funded with
30 6 juvenile court services, county, or community moneys and state
30 7 moneys used in combination with such moneys, the department
30 8 of human services may transfer funds within or between any

Specifies that the DHS has the authority to transfer TANF funds to the Social Services Block Grant as necessary to meet MOE requirements.

30 9 of the appropriations made in this division of this Act and
 30 10 appropriations in law for the federal social services block
 30 11 grant to the department for the following purposes, provided
 30 12 that the combined amount of state and federal temporary
 30 13 assistance for needy families block grant funding for each
 30 14 appropriation remains the same before and after the transfer:

- 30 15 a. For the family investment program.
- 30 16 b. For child care assistance.
- 30 17 c. For child and family services.
- 30 18 d. For field operations.
- 30 19 e. For general administration.
- 30 20 f. ~~MH/MR/DD/BI community services (local purchase).~~

30 21 For distribution to counties for state case services for
 30 22 persons with mental illness, an intellectual disability, or a
 30 23 developmental disability in accordance with section 331.440.

30 24 This subsection shall not be construed to prohibit the use
 30 25 of existing state transfer authority for other purposes. The
 30 26 department shall report any transfers made pursuant to this
 30 27 subsection to the legislative services agency.

30 28 4. Of the funds appropriated in this section, ~~\$97,839~~
 30 29 \$195,678 shall be used for continuation of a grant to an
 30 30 Iowa-based nonprofit organization with a history of providing
 30 31 tax preparation assistance to low-income lowans in order to
 30 32 expand the usage of the earned income tax credit. The purpose
 30 33 of the grant is to supply this assistance to underserved areas
 30 34 of the state.

General Fund allocation of \$195,678 to provide tax preparation assistance for low-income lowans.

DETAIL: This is no change compared to the FY 2012 allocation.

30 35 4A. Of the funds appropriated in this section, \$500,000
 31 1 shall be used for distribution to a nonprofit, tax-exempt
 31 2 association that receives donations under section 170 of the
 31 3 Internal Revenue Code and whose members include Iowa food
 31 4 banks and their affiliates that together serve all counties
 31 5 in the state, to be used to purchase food for distribution to
 31 6 food-insecure lowans:
 31 7 \$ 500,000
 31 8 In purchasing food under this subsection, a preference
 31 9 shall be given to the purchase of food produced, processed, or
 31 10 packaged within this state whenever reasonably practicable.

General Fund allocation of \$500,000 for a Food Bank Program.

DETAIL: This is a new allocation for FY 2013. The Program is to use the allocation to food for distribution to food insecure lowans.

31 11 5. The department may transfer funds appropriated in this
 31 12 section to the appropriations made in this division of this Act
 31 13 for general administration and field operations as necessary
 31 14 to administer this section and the overall family investment
 31 15 program.

Allows the DHS to transfer funds appropriated in this Section for General Administration and Field Operations when necessary to administer the Family Investment Program.

31 16 Sec. 8. 2011 Iowa Acts, chapter 129, section 120, is amended

31 17 to read as follows:

31 18 SEC. 120. CHILD SUPPORT RECOVERY. There is appropriated
31 19 from the general fund of the state to the department of human
31 20 services for the fiscal year beginning July 1, 2012, and ending
31 21 June 30, 2013, the following amount, or so much thereof as is
31 22 necessary, to be used for the purposes designated:

31 23 For child support recovery, including salaries, support,
31 24 maintenance, and miscellaneous purposes, and for not more than
31 25 the following full-time equivalent positions:

31 26	.....	\$	6,559,627
31 27			<u>13,377,993</u>
31 28	.....	FTEs	475.00

31 29 1. The department shall expend up to ~~\$12,164~~ \$24,329,
31 30 including federal financial participation, for the fiscal year
31 31 beginning July 1, 2012, for a child support public awareness
31 32 campaign. The department and the office of the attorney
31 33 general shall cooperate in continuation of the campaign. The
31 34 public awareness campaign shall emphasize, through a variety
31 35 of media activities, the importance of maximum involvement of
32 1 both parents in the lives of their children as well as the
32 2 importance of payment of child support obligations.

32 3 2. Federal access and visitation grant moneys shall be
32 4 issued directly to private not-for-profit agencies that provide
32 5 services designed to increase compliance with the child access
32 6 provisions of court orders, including but not limited to
32 7 neutral visitation sites and mediation services.

32 8 3. The appropriation made to the department for child
32 9 support recovery may be used throughout the fiscal year in the
32 10 manner necessary for purposes of cash flow management, and for
32 11 cash flow management purposes the department may temporarily
32 12 draw more than the amount appropriated, provided the amount
32 13 appropriated is not exceeded at the close of the fiscal year.

32 14 4. With the exception of the funding amount specified, the
32 15 requirements established under 2001 Iowa Acts, chapter 191,
32 16 section 3, subsection 5, paragraph "c", subparagraph (3), shall
32 17 be applicable to parental obligation pilot projects for the
32 18 fiscal year beginning July 1, 2012, and ending June 30, 2013.
32 19 Notwithstanding 441 IAC 100.8, providing for termination of
32 20 rules relating to the pilot projects, the rules shall remain
32 21 in effect until June 30, 2013.

32 22 MEDICAL ASSISTANCE PROGRAM

General Fund appropriation to the DHS for the Child Support Recovery Unit.

DETAIL: This is an increase of \$258,738 and 10.0 FTE positions compared to estimated FY 2012. The increase is due to increased costs of service.

Requires the DHS to expend up to \$24,329 during FY 2013 for a child support public awareness campaign. The funding limitation includes federal funds. The campaign is to be operated in cooperation with the Office of the Attorney General and is to emphasize parental involvement and financial support.

DETAIL: No change to the current level of support.

Specifies the process for utilization of receipts from federal Access and Visitation Grants.

Permits the DHS to use the appropriation as necessary and draw more than appropriated if needed to solve any cash flow problems, provided the amount appropriated is not exceeded at the end of the fiscal year.

Specifies that the Department is to continue to operate the Child Support Recovery Unit under the guidelines established in the 2001 Iowa Acts.

32 23 Sec. 9. 2011 Iowa Acts, chapter 129, section 122, unnumbered
 32 24 paragraph 2, is amended to read as follows:

32 25 For medical assistance program reimbursement and associated
 32 26 costs as specifically provided in the reimbursement
 32 27 methodologies in effect on June 30, 2012, except as otherwise
 32 28 expressly authorized by law, and consistent with options under
 32 29 federal law and regulations:

32 30\$ ~~914,993,421~~
 32 31845,601,256

General Fund appropriation to the DHS for the Medical Assistance (Medicaid) Program.

DETAIL: This is a net decrease of \$64,392,165 compared to estimated net FY 2012. The Medicaid Program is funded at \$17,100,000 below the forecasting group's midpoint for FY 2013. The changes include:

- An increase of \$80,000,000 to replace prior year carryforward, for growth in the Program, and an adjustment to the Federal Medical Assistance Percentage (FMAP) rate.
- A decrease of \$4,950,428 to shift funding to the Children's Health Insurance Program Reauthorization Act (CHIPRA) Contingency Fund.
- A decrease of \$1,560,000 due to savings from the Local Yield Management cost containment initiative.
- A decrease of \$4,900,000 due to savings from the Medical Home cost containment initiative.
- A decrease of \$97,500 due to savings from the Medicare Part B Disallowance cost containment initiative.
- A decrease of \$780,000 due to savings from the Estate Recovery cost containment initiative.
- A decrease of \$253,500 due to savings from the Hospital Readmission Policy Change cost containment initiative.
- A decrease of \$2,094,472 due to a reversal in the federal government position on reimbursing for Psychiatric Medical Institute for Children (PMIC) ancillary costs.
- A decrease of \$3,500,000 due to available carryforward from FY 2012.
- A decrease of \$1,086,463 due to an increase in the CHIPRA Bonus carryforward from FY 2012.
- A decrease of \$1,000,000 due to a decrease in the FY 2012 transfer from Medicaid to the IowaCare Account. These funds will carry forward to FY 2013.
- A decrease of \$15,500,000 due to an enhanced FMAP rate for the Balancing Incentive Program (BIP).
- A decrease of \$1,000,000 due to a recoupment from the Magellan managed care contract.
- A decrease of \$3,299,883 due to a transfer of funds from the Veterans Home FY 2012 carryforward.
- An increase of \$5,000,000 to buy-down all Home and Community-Based Services (HCBS) waiting lists.
- An increase of \$761,348 for a 2.00% provider rate increase for

- Home Health providers.
- An increase of \$4,344,890 for a 2.00% provider rate increase for HCBS Waiver services providers.
 - An increase of \$3,110,761 to raise the HCBS Elderly Waiver cap to \$1,400 per month.
 - An increase of \$2,500,000 to rebase the direct care component for nursing facilities.
 - An decrease of \$2,150,000 due to additional revenue from the Health Care Transformation Account (HCTA).
 - A decrease of \$4,736,918 to transfer funding from the Mental Health Risk Pool.
 - A decrease of \$113,200,000 to shift funding from the General Fund to the Health Care Trust Fund.

32 32 MEDICAL ASSISTANCE — DISPROPORTIONATE SHARE HOSPITAL

32 33 Sec. 10. 2011 Iowa Acts, chapter 129, section 122,
32 34 subsection 11, paragraph a, unnumbered paragraph 1, is amended
32 35 to read as follows:

33 1 Of the funds appropriated in this section, ~~\$7,425,684~~
33 2 \$7,678,245 is allocated for the state match for a
33 3 disproportionate share hospital payment of \$19,133,430 to
33 4 hospitals that meet both of the conditions specified in
33 5 subparagraphs (1) and (2). In addition, the hospitals that
33 6 meet the conditions specified shall either certify public
33 7 expenditures or transfer to the medical assistance program
33 8 an amount equal to provide the nonfederal share for a
33 9 disproportionate share hospital payment of \$7,500,000. The
33 10 hospitals that meet the conditions specified shall receive and
33 11 retain 100 percent of the total disproportionate share hospital
33 12 payment of \$26,633,430.

Allocates \$7,678,245 of Medicaid funds for the State match for the Disproportionate Share Hospital (DSH) payment of \$19,133,430. In addition, the UIHC is to either use Certified Public Expenditures or transfer \$7,500,000 to the Medicaid Program to provide the nonfederal share of the DSH payment. The UIHC will retain 100.00% of the DSH payment of \$26,633,430.

33 13 MEDICAL ASSISTANCE — IOWACARE TRANSFER

33 14 Sec. 11. 2011 Iowa Acts, chapter 129, section 122,
33 15 subsection 13, is amended to read as follows:

33 16 13. Of the funds appropriated in this section, up to
33 17 ~~\$4,480,304~~ \$8,684,329 may be transferred to the IowaCare
33 18 account created in section 249J.24.

Transfers up to \$8,684,329 of Medicaid funds to the IowaCare Program.

DETAIL: This is an increase of \$4,204,025 compared to the FY 2012 maximum transfer.

33 19 MEDICAL ASSISTANCE — COST CONTAINMENT STRATEGIES

33 20 Sec. 12. 2011 Iowa Acts, chapter 129, section 122,
33 21 subsection 20, paragraphs a and d, are amended to read as

33 22 follows:

33 23 a. The department may continue to implement cost
 33 24 containment strategies recommended by the governor, ~~and for~~
 33 25 the fiscal year beginning July 1, 2011, and shall implement
 33 26 new strategies for the fiscal year beginning July 1, 2012, as
 33 27 specified in this division of this 2012 Act. The department
 33 28 may adopt emergency rules for such implementation.

Allows the DHS to implement the cost containment strategies specified in this Division and allows the DHS to adopt emergency rules.

33 29 d. If the savings to the medical assistance program for
 33 30 the fiscal year beginning July 1, 2012, exceed the cost, the
 33 31 department may transfer any savings generated for the fiscal
 33 32 year due to medical assistance program cost containment efforts
 33 33 initiated pursuant to 2010 Iowa Acts, chapter 1031, Executive
 33 34 Order No.20, issued December 16, 2009, or cost containment
 33 35 strategies initiated pursuant to this subsection, to the
 34 1 appropriation made in this division of this Act for medical
 34 2 contracts or general administration to defray the increased
 34 3 contract costs associated with implementing such efforts.

Allows the DHS to transfer funds to Medical Contracts or General Administration to hire additional staff to implement the cost containment strategies.

34 4 Sec. 13. 2011 Iowa Acts, chapter 129, section 122, is
 34 5 amended by adding the following new subsections:

34 6 NEW SUBSECTION 23. The department shall implement a
 34 7 hospital inpatient reimbursement policy to provide for the
 34 8 combining of an original claim for an inpatient stay with a
 34 9 claim for a subsequent inpatient stay when the patient is
 34 10 admitted within seven days of discharge from the original
 34 11 hospital stay for the same condition.

Allows the DHS to change hospital reimbursement policy so that if a patient is readmitted within seven days of discharge, the second claim is combined with the original claim.

DETAIL: This change is estimated to save the General Fund \$253,500 in FY 2013.

34 12 NEW SUBSECTION 24. The department shall transition
 34 13 payment for and administration of services provided by
 34 14 psychiatric medical institutions for children to the Iowa plan.

Requires the Department to transition PMICs to the Iowa Plan managed-care contract.

34 15 MEDICAL ASSISTANCE FOR EMPLOYED PEOPLE WITH DISABILITIES
 34 16 Sec. 14. 2011 Iowa Acts, chapter 129, section 122, is
 34 17 amended by adding the following new subsection:

34 18 NEW SUBSECTION 25. The department of human services
 34 19 shall adopt rules for the Medicaid for employed people with
 34 20 disabilities program to provide that until such time as the
 34 21 department adopts rules, annually, to implement the most
 34 22 recently revised poverty guidelines published by the United
 34 23 States department of health and human services, the calculation
 34 24 of gross income eligibility and premium amounts shall not
 34 25 include any increase in unearned income attributable to a

Requires the DHS to adopt rules so that any increase in unearned income attributed to the Social Security cost-of-living adjustment does not make individuals ineligible for the Medicaid for Employed People with Disabilities Program.

34 26 social security cost-of-living adjustment for an individual
34 27 or member of the individual's family whose unearned income is
34 28 included in such calculation.

34 29 STATE BALANCING INCENTIVE PAYMENTS PROGRAM

34 30 Sec. 15. 2011 Iowa Acts, chapter 129, section 122, is
34 31 amended by adding the following new subsection:
34 32 NEW SUBSECTION 27. The funds received through
34 33 participation in the medical assistance state balancing
34 34 incentive payments program created pursuant to section 10202
34 35 of the federal Patient Protection and Affordable Care Act of
35 1 2010, Pub.L. No.111-148 (2010), as amended by the federal
35 2 Health Care and Education Reconciliation Act of 2010, Pub.
35 3 L. No.111-152, shall be used by the department of human
35 4 services to comply with the requirements of the program
35 5 including developing a no wrong door single entry point
35 6 system; providing a conflict-free case management system;
35 7 providing core standardized assessment instruments; complying
35 8 with data collection requirements relating to services,
35 9 quality, and outcomes; meeting the applicable target spending
35 10 percentage required under the program to rebalance long-term
35 11 care spending under the medical assistance program between
35 12 home and community-based services and institution-based
35 13 services; and for new or expanded medical assistance program
35 14 non-institutionally based long-term care services and supports.

Requires the DHS to comply with federal regulations related to the State Balancing Incentive Payments Program. This includes:

- Developing no wrong door single entry point system.
- Providing a conflict-free case management system.
- Providing core standardized assessments.

DETAIL: The goal of the Program is to move individuals from institutional-based setting to home and community-based settings.

35 15 Sec. 16. 2011 Iowa Acts, chapter 129, section 123, is
35 16 amended to read as follows:

35 17 SEC. 123. MEDICAL CONTRACTS. There is appropriated from the
35 18 general fund of the state to the department of human services
35 19 for the fiscal year beginning July 1, 2012, and ending June 30,
35 20 2013, the following amount, or so much thereof as is necessary,
35 21 to be used for the purpose designated:

General Fund appropriation to Medical Contracts.

DETAIL: This is an increase of \$8,460,680 compared to estimated FY 2012. This appropriation was funded from the pharmaceutical settlement account in FY 2012.

35 22 For medical contracts:

35 23	\$	5,453,728
35 24		<u>8,460,680</u>

35 25 1. The department of inspections and appeals shall
35 26 provide all state matching funds for survey and certification
35 27 activities performed by the department of inspections
35 28 and appeals. The department of human services is solely
35 29 responsible for distributing the federal matching funds for
35 30 such activities.

Requires the Department of Inspections and Appeals to provide the State matching funds for survey and certification activities.

35 31 2. Of the funds appropriated in this section, ~~\$25,000~~
35 32 \$50,000 shall be used for continuation of home and

Allocates \$50,000 to be used for a home and community-based services (HCBS) Waiver Quality Assurance Program to review and

35 33 community-based services waiver quality assurance programs,
 35 34 including the review and streamlining of processes and policies
 35 35 related to oversight and quality management to meet state and
 36 1 federal requirements.

streamline processes and policies related to oversight.

DETAIL: This is no change compared to the FY 2012 allocation.

36 2 3. Of the amount appropriated in this section, up to
 36 3 \$200,000 may be transferred to the appropriation for general
 36 4 administration in this division of this Act to be used for
 36 5 additional full-time equivalent positions in the development of
 36 6 key health initiatives such as cost containment, development
 36 7 and oversight of managed care programs, and development of
 36 8 health strategies targeted toward improved quality and reduced
 36 9 costs in the Medicaid program.

Allows up to \$200,000 to be transferred to the DHS General Administration to hire additional FTE positions to implement cost containment or managed care oversight initiatives.

36 10 Sec. 17. 2011 Iowa Acts, chapter 129, section 124, is
 36 11 amended to read as follows:

36 12 SEC. 124. STATE SUPPLEMENTARY ASSISTANCE.

General Fund appropriation to the DHS for State Supplementary Assistance.

36 13 1. There is appropriated from the general fund of the
 36 14 state to the department of human services for the fiscal year
 36 15 beginning July 1, 2012, and ending June 30, 2013, the following
 36 16 amount, or so much thereof as is necessary, to be used for the
 36 17 purpose designated:

DETAIL: This is a decrease of \$1,400,000 compared to estimated FY 2012. The decrease is due to available carryforward.

36 18 For the state supplementary assistance program:
 36 19\$ 8,425,373
 36 20 15,450,747

36 21 2. The department shall increase the personal needs
 36 22 allowance for residents of residential care facilities by the
 36 23 same percentage and at the same time as federal supplemental
 36 24 security income and federal social security benefits are
 36 25 increased due to a recognized increase in the cost of living.
 36 26 The department may adopt emergency rules to implement this
 36 27 subsection.

Requires the DHS to increase the personal needs allowance of residential care facilities residents at the same rate and time as federal Supplemental Security Income (SSI) and Social Security benefits are increased. Permits the DHS to adopt emergency rules for implementation.

36 28 3. If during the fiscal year beginning July 1, 2012,
 36 29 the department projects that state supplementary assistance
 36 30 expenditures for a calendar year will not meet the federal
 36 31 pass-through requirement specified in Tit.XVI of the federal
 36 32 Social Security Act, section 1618, as codified in 42 U.S.C.
 36 33 §1382g, the department may take actions including but not
 36 34 limited to increasing the personal needs allowance for
 36 35 residential care facility residents and making programmatic
 37 1 adjustments or upward adjustments of the residential care
 37 2 facility or in-home health-related care reimbursement rates
 37 3 prescribed in this division of this Act to ensure that federal
 37 4 requirements are met. In addition, the department may make

Permits the DHS to adjust rates for State Supplementary Assistance to meet federal MOE requirements. Permits the DHS to adopt emergency rules for implementation.

37 5 other programmatic and rate adjustments necessary to remain
 37 6 within the amount appropriated in this section while ensuring
 37 7 compliance with federal requirements. The department may adopt
 37 8 emergency rules to implement the provisions of this subsection.

37 9 Sec. 18. 2011 Iowa Acts, chapter 129, section 125, is
 37 10 amended to read as follows:

37 11 SEC. 125. CHILDREN'S HEALTH INSURANCE PROGRAM.

37 12 1. There is appropriated from the general fund of the
 37 13 state to the department of human services for the fiscal year
 37 14 beginning July 1, 2012, and ending June 30, 2013, the following
 37 15 amount, or so much thereof as is necessary, to be used for the
 37 16 purpose designated:

37 17 For maintenance of the healthy and well kids in Iowa (hawk-i)
 37 18 program pursuant to chapter 514I, including supplemental dental
 37 19 services, for receipt of federal financial participation under
 37 20 Tit.XXI of the federal Social Security Act, which creates the
 37 21 children's health insurance program:
 37 22 \$ 16,403,051
 37 23 40,400,160

37 24 2. Of the funds appropriated in this section, ~~\$64,475~~
 37 25 \$141,450 is allocated for continuation of the contract for
 37 26 outreach with the department of public health.

37 27 Sec. 19. 2011 Iowa Acts, chapter 129, section 126, is
 37 28 amended to read as follows:

37 29 SEC. 126. CHILD CARE ASSISTANCE. There is appropriated
 37 30 from the general fund of the state to the department of human
 37 31 services for the fiscal year beginning July 1, 2012, and ending
 37 32 June 30, 2013, the following amount, or so much thereof as is
 37 33 necessary, to be used for the purpose designated:

37 34 For child care programs:
 37 35 \$ 26,618,831
 38 1 61,087,940

General Fund appropriation to the DHS for the Children's Health Insurance Program, also known as the hawk-i Program.

DETAIL: This is an increase of \$7,594,058 compared to estimated FY 2012. The increase is due to growth in the Program and changes in the FMAP rate.

Allocates \$141,450 for the continuation of an outreach contract with the DPH.

DETAIL: This is an increase of \$12,500 compared to the FY 2012 allocation. The increase is due to a reduction in the FMAP rate.

General Fund appropriation to the DHS for child care programs.

DETAIL: This is a net increase of \$7,850,278 compared to estimated FY 2012. The General Fund changes include:

- An increase of \$3,696,285 to replace the annual transfer of the same amount from Child and Family Services (CFS). The General Fund appropriation for CFS is reduced by this same amount. This is a technical change and does not effectively increase the overall General Fund resources provided to Child Care Assistance as compared to FY 2012.
- A general increase of \$7,723,014 for Program growth.
- An increase of \$4,400,000 for a 4.00% provider rate increase.
- A general decrease of \$7,969,021 that will be replaced by CHIPRA Contingency Funds.

<p>38 2 1. Of the funds appropriated in this section, \$25,948,044 38 3 <u>\$59,718,513</u> shall be used for state child care assistance in 38 4 accordance with section 237A.13.</p>	<p>Allocates \$59,718,513 to provide child care assistance for low-income, employed lowans.</p> <p>DETAIL: This is an increase of \$7,822,431 compared to the FY 2012 allocation.</p>
<p>38 5 2. Nothing in this section shall be construed or is 38 6 intended as or shall imply a grant of entitlement for services 38 7 to persons who are eligible for assistance due to an income 38 8 level consistent with the waiting list requirements of section 38 9 237A.13. Any state obligation to provide services pursuant to 38 10 this section is limited to the extent of the funds appropriated 38 11 in this section.</p>	<p>Specifies that assistance from the Child Care Assistance Program is not an entitlement and the State's obligation to provide services is limited to the funds available.</p>
<p>38 12 3. Of the funds appropriated in this section, \$216,226 38 13 <u>\$432,453</u> is allocated for the statewide program for child care 38 14 resource and referral services under section 237A.26. A list 38 15 of the registered and licensed child care facilities operating 38 16 in the area served by a child care resource and referral 38 17 service shall be made available to the families receiving state 38 18 child care assistance in that area.</p>	<p>Allocates \$432,453 for the Statewide Child Care Resource and Referral Program. Requires a list of the registered and licensed child care facilities to be made available by Child Care Resource and Referral Programs to families receiving assistance under the Child Care Assistance Program.</p> <p>DETAIL: This is no change compared to the FY 2012 allocation.</p>
<p>38 19 4. Of the funds appropriated in this section, \$468,487 38 20 <u>\$936,974</u> is allocated for child care quality improvement 38 21 initiatives including but not limited to the voluntary quality 38 22 rating system in accordance with section 237A.30.</p>	<p>Allocates \$936,974 for the Quality Rating System (QRS).</p> <p>DETAIL: This is no change compared to the FY 2012 allocation.</p>
<p>38 23 5. The department may use any of the funds appropriated 38 24 in this section as a match to obtain federal funds for use in 38 25 expanding child care assistance and related programs. For 38 26 the purpose of expenditures of state and federal child care 38 27 funding, funds shall be considered obligated at the time 38 28 expenditures are projected or are allocated to the department's 38 29 service areas. Projections shall be based on current and 38 30 projected caseload growth, current and projected provider 38 31 rates, staffing requirements for eligibility determination 38 32 and management of program requirements including data systems 38 33 management, staffing requirements for administration of the 38 34 program, contractual and grant obligations and any transfers 38 35 to other state agencies, and obligations for decategorization 39 1 or innovation projects.</p>	<p>Permits funds appropriated for child care to be used as matching funds for federal grants. Specifies that funds are obligated when expenditures are projected or allocated to the DHS regions.</p> <p>DETAIL: This provision was also in effect for FY 2012.</p>
<p>39 2 6. A portion of the state match for the federal child care 39 3 and development block grant shall be provided as necessary to</p>	<p>Requires a portion of the State match for the federal Child Care and Development Block Grant to be provided from the State appropriation</p>

39 4 meet federal matching funds requirements through the state
39 5 general fund appropriation made for child development grants
39 6 and other programs for at-risk children in section 279.51.

for child development grants and other programs for at-risk children as necessary to meet federal matching requirements.

39 7 7. If a uniform reduction ordered by the governor under
39 8 section 8.31 or other operation of law, transfer, or federal
39 9 funding reduction reduces the appropriation made in this
39 10 section for the fiscal year, the percentage reduction in the
39 11 amount paid out to or on behalf of the families participating
39 12 in the state child care assistance program shall be equal to or
39 13 less than the percentage reduction made for any other purpose
39 14 payable from the appropriation made in this section and the
39 15 federal funding relating to it. The percentage reduction to
39 16 the other allocations made in this section shall be the same as
39 17 the uniform reduction ordered by the governor or the percentage
39 18 change of the federal funding reduction, as applicable.
39 19 If there is an unanticipated increase in federal funding
39 20 provided for state child care assistance, the entire amount
39 21 of the increase shall be used for state child care assistance
39 22 payments. If the appropriations made for purposes of the
39 23 state child care assistance program for the fiscal year are
39 24 determined to be insufficient, it is the intent of the general
39 25 assembly to appropriate sufficient funding for the fiscal year
39 26 in order to avoid establishment of waiting list requirements.

Requires the DHS to apply any reductions to the child care assistance appropriation, either State or federal, that result in a reduction to subsidy payments to families, in amounts equal to or less than the percentage of the reduction. Also requires any unanticipated increase in federal funding to be used only for the Child Care Assistance Subsidy Program. Specifies that it is the intent of the General Assembly to provide sufficient funding for the Program for FY 2013 to avoid the establishment of a waiting list.

39 27 8. Notwithstanding section 8.33, moneys ~~appropriated~~
39 28 ~~in this section or advanced for purposes of the programs~~
39 29 developed by early childhood Iowa areas, advanced for purposes
39 30 of wraparound child care, or received from the federal
39 31 appropriations made for the purposes of this section that
39 32 remain unencumbered or unobligated at the close of the fiscal
39 33 year shall not revert to any fund but shall remain available
39 34 for expenditure for the purposes designated until the close of
39 35 the succeeding fiscal year.

Requires nonreversion of FY 2013 funds advanced for purposes of programs developed by Early Childhood Iowa areas or purposes of wraparound child care, or received from federal appropriations for child care assistance.

40 1 Sec. 20. 2011 Iowa Acts, chapter 129, section 127, is
40 2 amended to read as follows:
40 3 SEC. 127. JUVENILE INSTITUTIONS. There is appropriated
40 4 from the general fund of the state to the department of human
40 5 services for the fiscal year beginning July 1, 2012, and ending
40 6 June 30, 2013, the following amounts, or so much thereof as is
40 7 necessary, to be used for the purposes designated:

40 8 1. For operation of the Iowa juvenile home at Toledo and for
40 9 salaries, support, maintenance, and miscellaneous purposes, and
40 10 for not more than the following full-time equivalent positions:
40 11\$ 4,129,125

General Fund appropriation to the DHS for the Iowa Juvenile Home at Toledo.

DETAIL: This is an increase of \$70,013 and no change in FTE

40 12 8,328,264
 40 13 FTEs 114.00

positions compared to estimated FY 2012. The change is due to cost increases for pharmacy, food, transportation, utilities, printing, postage, information technology, and Workers' Compensation.

40 14 2. For operation of the state training school at Eldora and
 40 15 for salaries, support, maintenance, and miscellaneous purposes,
 40 16 and for not more than the following full-time equivalent
 40 17 positions:
 40 18 \$ 5,319,338
 40 19 10,740,988
 40 20 FTEs 164.30

General Fund appropriation to the DHS for the State Training School at Eldora.

DETAIL: This is an increase of \$102,311 and no change in FTE positions compared to estimated FY 2012. The change is due to cost increases for costs for pharmacy, food, transportation, utilities, printing, postage, information technology, and Workers' Compensation.

40 21 Of the funds appropriated in this subsection, ~~\$45,575~~
 40 22 \$91,150 shall be used for distribution to licensed classroom
 40 23 teachers at this and other institutions under the control of
 40 24 the department of human services based upon the average student
 40 25 yearly enrollment at each institution as determined by the
 40 26 department.

General Fund allocation of \$91,150 to the DHS for licensed classroom teachers in State institutions.

DETAIL: This is no change compared to the FY 2012 allocation.

40 27 3. A portion of the moneys appropriated in this section
 40 28 shall be used by the state training school and by the Iowa
 40 29 juvenile home for grants for adolescent pregnancy prevention
 40 30 activities at the institutions in the fiscal year beginning
 40 31 July 1, 2012.

Requires a portion of the funds appropriated for the two juvenile institutions to be used for pregnancy prevention in FY 2013.

DETAIL: This provision was also in effect for FY 2012.

40 32 Sec. 21. 2011 Iowa Acts, chapter 129, section 128, is
 40 33 amended to read as follows:

40 34 SEC. 128. CHILD AND FAMILY SERVICES.

General Fund appropriation to the DHS for adult, child, and family services.

40 35 1. There is appropriated from the general fund of the
 41 1 state to the department of human services for the fiscal year
 41 2 beginning July 1, 2012, and ending June 30, 2013, the following
 41 3 amount, or so much thereof as is necessary, to be used for the
 41 4 purpose designated:

DETAIL: This is a net increase of \$838,967 compared to estimated FY 2012. The General Fund changes include:

41 5 For child and family services:
 41 6 \$ ~~41,415,084~~
 41 7 83,669,130

- An increase of \$239,584 due to the reduction in Iowa's FMAP rate.
- An increase of \$346,869 to maintain Attorney General reimbursement and staff.
- An increase of \$198,222 for child welfare staff training.
- An increase of \$1,203,048 to allow a 4.00% group foster care rate increase and an increase of \$385,940 to allow for a 4.00% family foster care rate increase.
- A increase of \$200,000 for a general increase to shelter care.
- A decrease of \$3,696,285 to eliminate the annual transfer of the same amount from Children and Family Services to Child Care Assistance (CCA). The General Fund appropriation to CCA

	<p>increased by this same amount. This is a technical change and does not effectively decrease the overall General Fund resources provided to Children and Family Services as compared to FY 2012.</p> <ul style="list-style-type: none"> • An increase of \$300,000 to juvenile graduated sanctions. • An increase of \$1,250,000 for child protection centers. • An increase of \$22,543 for the Preparation for Adult Living (PALs) program caseload growth. • An increase of \$75,000 for foster care youth councils. • An increase of \$236,100 to replace discontinued Circle of Care federal funding. • An increase of \$77,947 to replace carryforward funds for the Central Iowa System of Care.
<p>41 8 2. In order to address a reduction of \$5,200,000 from the 41 9 amount allocated under the appropriation made for the purposes 41 10 of this section in prior years for purposes of juvenile 41 11 delinquent graduated sanction services, up to \$2,600,000 41 12 <u>\$5,200,000</u> of the amount of federal temporary assistance 41 13 for needy families block grant funding appropriated in this 41 14 division of this Act for child and family services shall be 41 15 made available for purposes of juvenile delinquent graduated 41 16 sanction services.</p>	<p>Allocates up to \$5,200,000 of TANF funds for delinquency programs.</p> <p>DETAIL: This is no change from the FY 2012 allocation.</p>
<p>41 17 3. The department may transfer funds appropriated in this 41 18 section as necessary to pay the nonfederal costs of services 41 19 reimbursed under the medical assistance program, state child 41 20 care assistance program, or the family investment program 41 21 which are provided to children who would otherwise receive 41 22 services paid under the appropriation in this section. The 41 23 department may transfer funds appropriated in this section 41 24 to the appropriations made in this division of this Act for 41 25 general administration and for field operations for resources 41 26 necessary to implement and operate the services funded in this 41 27 section. <u>The department may transfer funds appropriated in</u> 41 28 <u>this section to the appropriation made in this division of</u> 41 29 <u>this Act for adoption subsidy to support the adjustment in</u> 41 30 <u>reimbursement rates for specified child welfare providers as</u> 41 31 <u>provided in this 2012 Act.</u></p>	<p>Permits the DHS to transfer funds appropriated for Child and Family Services to Medicaid, the FIP, General Administration, or Field Operations to pay for costs associated with child welfare services in these areas. The DHS may transfer funds in this section to the Adoption Subsidy Program to ensure equitable rate increases for adoption and foster care programs.</p>
<p>41 32 4. a. Of the funds appropriated in this section, up 41 33 to \$15,084,564<u>\$31,438,622</u> is allocated as the statewide 41 34 expenditure target under section 232.143 for group foster care 41 35 maintenance and services. If the department projects that such 42 1 expenditures for the fiscal year will be less than the target 42 2 amount allocated in this lettered paragraph, the department may</p>	<p>Allocates up to \$31,438,622 for group foster care services and maintenance costs.</p> <p>DETAIL: This is an increase of \$1,269,493 compared to the FY 2012 allocation. This increase provides for a 4.00% increase in group foster care reimbursement rates and FMAP changes. The Child and Family</p>

<p>42 3 reallocate the excess to provide additional funding for shelter 42 4 care or the child welfare emergency services addressed with the 42 5 allocation for shelter care.</p>	<p>Services appropriation was increased only for the rate increase in the amount of \$1,203,048.</p>
<p>42 6 b. If at any time after September 30, 2012, annualization 42 7 of a service area's current expenditures indicates a service 42 8 area is at risk of exceeding its group foster care expenditure 42 9 target under section 232.143 by more than 5 percent, the 42 10 department and juvenile court services shall examine all 42 11 group foster care placements in that service area in order to 42 12 identify those which might be appropriate for termination. 42 13 In addition, any aftercare services believed to be needed 42 14 for the children whose placements may be terminated shall be 42 15 identified. The department and juvenile court services shall 42 16 initiate action to set dispositional review hearings for the 42 17 placements identified. In such a dispositional review hearing, 42 18 the juvenile court shall determine whether needed aftercare 42 19 services are available and whether termination of the placement 42 20 is in the best interest of the child and the community.</p>	<p>Requires the group foster care expenditure target to be reviewed under certain conditions and requires review hearings when appropriate.</p>
<p>42 21 5. In accordance with the provisions of section 232.188, 42 22 the department shall continue the child welfare and juvenile 42 23 justice funding initiative during fiscal year 2012-2013. Of 42 24 the funds appropriated in this section, \$858,876 <u>\$1,717,753</u> 42 25 is allocated specifically for expenditure for fiscal year 42 26 2012-2013 through the decategorization service funding pools 42 27 and governance boards established pursuant to section 232.188.</p>	<p>Allocates \$1,717,753 for decategorization services.</p> <p>DETAIL: This is no change compared to the estimated FY 2012 allocation.</p>
<p>42 28 6. A portion of the funds appropriated in this section 42 29 may be used for emergency family assistance to provide other 42 30 resources required for a family participating in a family 42 31 preservation or reunification project or successor project to 42 32 stay together or to be reunified.</p>	<p>Permits a portion of the Child and Family Services appropriation to be used for emergency family assistance under specified conditions.</p>
<p>42 33 7. Notwithstanding section 234.35 or any other provision 42 34 of law to the contrary, state funding for shelter care and 42 35 the child welfare emergency services contracting implemented 43 1 to provide for or prevent the need for shelter care shall be 43 2 limited to \$3,585,058 <u>\$7,385,639</u>. The department may continue 43 3 or execute contracts that result from the department's request 43 4 for proposal, bid number ACFS-11-114, to provide the range of 43 5 child welfare emergency services described in the request for 43 6 proposals, and any subsequent amendments to the request for 43 7 proposals.</p>	<p>Limits State funding for shelter care to \$7,385,639. Permits the DHS to continue or amend provider contracts to include child welfare emergency services.</p> <p>DETAIL: This is an increase of \$215,523 compared to the FY 2012 allocation. The Child and Family Services appropriation was increased in the amount of \$200,000 for this purpose.</p>
<p>43 8 8. Federal funds received by the state during the fiscal 43 9 year beginning July 1, 2012, as the result of the expenditure</p>	<p>Requires federal funds received in FY 2013 for the expenditure of State funds in a previous fiscal year to be used for child welfare</p>

43 10 of state funds appropriated during a previous state fiscal
 43 11 year for a service or activity funded under this section are
 43 12 appropriated to the department to be used as additional funding
 43 13 for services and purposes provided for under this section.
 43 14 Notwithstanding section 8.33, moneys received in accordance
 43 15 with this subsection that remain unencumbered or unobligated at
 43 16 the close of the fiscal year shall not revert to any fund but
 43 17 shall remain available for the purposes designated until the
 43 18 close of the succeeding fiscal year.

services. Requires nonreversion of funds through FY 2014.

43 19 ~~—9.—Of the funds appropriated in this section, at least~~
 43 20 ~~\$1,848,142 shall be used for protective child care assistance.~~

Eliminates the annual transfer of \$3,696,285 for protective child care assistance.

DETAIL: This is a decrease of \$3,696,285 to Children and Family Services. However, the General Fund appropriation to Child Care Assistance is increased by the same amount. This is a technical change and does not effectively decrease the overall General Fund resources provided to Children and Family Services as compared to FY 2012.

43 21 10. a. Of the funds appropriated in this section, up to
 43 22 ~~\$1,031,244~~ \$2,062,488 is allocated for the payment of the
 43 23 expenses of court-ordered services provided to juveniles who
 43 24 are under the supervision of juvenile court services, which
 43 25 expenses are a charge upon the state pursuant to section
 43 26 232.141, subsection 4. Of the amount allocated in this
 43 27 lettered paragraph, up to ~~\$778,143~~ \$1,556,287 shall be made
 43 28 available to provide school-based supervision of children
 43 29 adjudicated under chapter 232, of which not more than ~~\$7,500~~
 43 30 \$15,000 may be used for the purpose of training. A portion of
 43 31 the cost of each school-based liaison officer shall be paid by
 43 32 the school district or other funding source as approved by the
 43 33 chief juvenile court officer.
 43 34 b. Of the funds appropriated in this section, up to ~~\$374,492~~
 43 35 \$748,985 is allocated for the payment of the expenses of
 44 1 court-ordered services provided to children who are under the
 44 2 supervision of the department, which expenses are a charge upon
 44 3 the state pursuant to section 232.141, subsection 4.

Provides the following allocations related to court-ordered services for juveniles:

- Allocates up to \$2,062,488 for court-ordered services provided to children that are under the supervision of juvenile court services. This is no change compared to the FY 2012 allocation. Of this amount, \$1,556,287 is allocated for school-based supervision of delinquent children, limits training funds to \$15,000, and requires a portion of the cost for school-based liaisons to be paid by school districts. This is no change compared to the FY 2012 allocation.
- Allocates \$748,985 for court-ordered services provided to children that are under the supervision of the DHS. This is no change compared to the FY 2012 allocation.

44 4 c. Notwithstanding section 232.141 or any other provision
 44 5 of law to the contrary, the amounts allocated in this
 44 6 subsection shall be distributed to the judicial districts
 44 7 as determined by the state court administrator and to the
 44 8 department's service areas as determined by the administrator
 44 9 of the department's division of child and family services. The
 44 10 state court administrator and the division administrator shall

Requires allocations to the judicial districts as determined by the Court Administrator and to the DHS districts as determined by the Division of Child and Family Services Administrator by June 15, 2012.

44 11 make the determination of the distribution amounts on or before
44 12 June 15, 2012.

44 13 d. Notwithstanding chapter 232 or any other provision of
44 14 law to the contrary, a district or juvenile court shall not
44 15 order any service which is a charge upon the state pursuant
44 16 to section 232.141 if there are insufficient court-ordered
44 17 services funds available in the district court or departmental
44 18 service area distribution amounts to pay for the service. The
44 19 chief juvenile court officer and the departmental service area
44 20 manager shall encourage use of the funds allocated in this
44 21 subsection such that there are sufficient funds to pay for
44 22 all court-related services during the entire year. The chief
44 23 juvenile court officers and departmental service area managers
44 24 shall attempt to anticipate potential surpluses and shortfalls
44 25 in the distribution amounts and shall cooperatively request the
44 26 state court administrator or division administrator to transfer
44 27 funds between the judicial districts' or departmental service
44 28 areas' distribution amounts as prudent.

Prohibits a court from ordering any service that is a charge to the State if there are insufficient funds to reimburse the service. Requires the Chief Juvenile Court Officer to use the funds in a manner that will cover the entire fiscal year and permits funds to be transferred between districts.

44 29 e. Notwithstanding any provision of law to the contrary,
44 30 a district or juvenile court shall not order a county to pay
44 31 for any service provided to a juvenile pursuant to an order
44 32 entered under chapter 232 which is a charge upon the state
44 33 under section 232.141, subsection 4.

Prohibits a court from ordering a county to pay for a service provided to a juvenile that is a charge to the State.

44 34 f. Of the funds allocated in this subsection, not more
44 35 than ~~\$41,500~~ \$83,000 may be used by the judicial branch for
45 1 administration of the requirements under this subsection.

Prohibits expenditure of more than \$83,000 by the Judicial Branch for administration related to court-ordered services.

DETAIL: This is no change compared to the FY 2012 allocation.

45 2 g. Of the funds allocated in this subsection, ~~\$8,500~~ \$17,000
45 3 shall be used by the department of human services to support
45 4 the interstate commission for juveniles in accordance with
45 5 the interstate compact for juveniles as provided in section
45 6 232.173.

Allocates \$17,000 for the DHS to support the Interstate Commission for Juveniles in accordance with the Interstate Compact for Juveniles.

DETAIL: This is no change compared to the FY 2012 allocation.

45 7 11. Of the funds appropriated in this section, ~~\$2,961,304~~
45 8 \$6,222,602 is allocated for juvenile delinquent graduated
45 9 sanctions services. Any state funds saved as a result of
45 10 efforts by juvenile court services to earn federal Tit.IV-E
45 11 match for juvenile court services administration may be used
45 12 for the juvenile delinquent graduated sanctions services.

Allocates \$6,222,602 for juvenile delinquent graduated sanctions services. Permits any State funds saved as a result of increasing federal Title IV-E claims for juvenile court services, as indicated by the 2009 Public Works Efficiency Report, to be used for graduated sanctions services.

DETAIL: This is an increase of \$300,000 compared to the FY 2012 allocation.

45 13 12. Of the funds appropriated in this section, ~~\$494,142~~
 45 14 \$2,238,285 shall be transferred to the department of public
 45 15 health to be used for the child protection center grant program
 45 16 in accordance with section 135.118. Of the amount allocated in
 45 17 this subsection, \$250,000 shall be used for a center for the
 45 18 Black Hawk county area.

Requires \$2,238,285 to be transferred to the DPH for the Child Protection Center (CPC) Grant Program.

DETAIL: This is an increase of \$1,250,000 compared to the FY 2012 allocation. Of this amount, \$250,000 is to be allocated for a CPC in Black Hawk County.

45 19 13. If the department receives federal approval to
 45 20 implement a waiver under Tit.IV-E of the federal Social
 45 21 Security Act to enable providers to serve children who remain
 45 22 in the children's families and communities, for purposes of
 45 23 eligibility under the medical assistance program, children who
 45 24 participate in the waiver shall be considered to be placed in
 45 25 foster care.

Requires children that receive in-home or community-based services under a federal Title IV-E waiver to be considered as placed in foster care in order to remain eligible for Medicaid, if the DHS receives federal approval to implement the waiver.

45 26 14. Of the funds appropriated in this section, ~~\$1,534,916~~
 45 27 \$3,092,375 is allocated for the preparation for adult living
 45 28 program pursuant to section 234.46.

Allocates \$3,092,375 for the Preparation for Adult Living (PALs) Program.

DETAIL: This is an increase of \$22,543 compared to the FY 2012 allocation.

45 29 15. Of the funds appropriated in this section, ~~\$260,075~~
 45 30 \$520,150 shall be used for juvenile drug courts. The amount
 45 31 allocated in this subsection shall be distributed as follows:
 45 32 To the judicial branch for salaries to assist with the
 45 33 operation of juvenile drug court programs operated in the
 45 34 following jurisdictions:

Allocates a total of \$520,150 for Judicial Branch staffing costs relating to juvenile drug courts and specifies the distribution of the funds.

DETAIL: This is no change compared to the FY 2012 allocation.

45 35	a. Marshall county:		
46 1	.....	\$	31,354
46 2			<u>62,708</u>
46 3	b. Woodbury county:		
46 4	.....	\$	62,841
46 5			<u>125,682</u>
46 6	c. Polk county:		
46 7	.....	\$	97,946
46 8			<u>195,892</u>
46 9	d. The third judicial district:		
46 10	.....	\$	33,967
46 11			<u>67,934</u>
46 12	e. The eighth judicial district:		
46 13	.....	\$	33,967
46 14			<u>67,934</u>

46 15 16. Of the funds appropriated in this section, ~~\$113,668~~
 46 16 \$227,337 shall be used for the public purpose of ~~providing~~

Allocates \$227,337 for Project Harmony for support of victims of child abuse and the nonoffending family members.

<p>46 17 <u>continuing</u> a grant to a nonprofit human services organization 46 18 providing services to individuals and families in multiple 46 19 locations in southwest Iowa and Nebraska for support of a 46 20 project providing immediate, sensitive support and forensic 46 21 interviews, medical exams, needs assessments, and referrals for 46 22 victims of child abuse and their nonoffending family members.</p>	<p>DETAIL: This is no change compared to the FY 2012 allocation.</p>
<p>46 23 17. Of the funds appropriated in this section, \$62,795 46 24 <u>\$200,590</u> is allocated for the <u>elevate foster care youth council</u> 46 25 approach of providing a support network to children placed in 46 26 foster care.</p>	<p>Allocates \$200,590 to provide support for foster care youth councils. DETAIL: This is an increase of \$75,000 compared to the FY 2012 allocation.</p>
<p>46 27 18. Of the funds appropriated in this section, \$101,000 46 28 <u>\$202,000</u> is allocated for use pursuant to section 235A.1 for 46 29 continuation of the initiative to address child sexual abuse 46 30 implemented pursuant to 2007 Iowa Acts, chapter 218, section 46 31 18, subsection 21.</p>	<p>Allocates \$202,000 for an initiative to address child sexual abuse. DETAIL: This is no change compared to the FY 2012 allocation.</p>
<p>46 32 19. Of the funds appropriated in this section, \$315,120 46 33 <u>\$630,240</u> is allocated for the community partnership for child 46 34 protection sites.</p>	<p>Allocates \$630,240 for the child welfare Community Partnerships for Child Protection sites. DETAIL: This is no change compared to the FY 2012 allocation.</p>
<p>46 35 20. Of the funds appropriated in this section, \$185,625 47 1 <u>\$371,250</u> is allocated for the department's minority youth and 47 2 family projects under the redesign of the child welfare system.</p>	<p>Allocates \$371,250 for minority youth and family projects included in the child welfare redesign. DETAIL: This is no change compared to the FY 2012 allocation.</p>
<p>47 3 21. Of the funds appropriated in this section, \$600,247 47 4 <u>\$1,436,595</u> is allocated for funding of the <u>state match for</u> 47 5 <u>community circle of care collaboration for children and</u> 47 6 <u>youth in northeast Iowa, formerly referred to as</u> the federal 47 7 substance abuse and mental health services administration 47 8 (SAMHSA) system of care grant.</p>	<p>Allocates \$1,436,595 for the Circle of Care grant in Northeast Iowa. DETAIL: This is an increase of \$236,100 compared to the FY 2012 allocation. This increase covers the cessation of matching federal funds.</p>
<p>47 9 22. Of the funds appropriated in this section, at least 47 10 \$73,579 <u>\$147,158</u> shall be used for the child welfare training 47 11 academy.</p>	<p>Allocates \$147,158 for the child welfare provider online training academy. DETAIL: This is no change compared to the FY 2012 allocation.</p>
<p>47 12 23. Of the funds appropriated in this section, \$12,500 47 13 <u>\$25,000</u> shall be used for the public purpose of continuation 47 14 of a grant to a child welfare services provider headquartered 47 15 in a county with a population between 205,000 and 215,000 in</p>	<p>Allocates \$25,000 to Four Oaks for various autism spectrum disorders services. DETAIL: This is no change compared to the FY 2012 allocation.</p>

47 16 the latest certified federal census that provides multiple
 47 17 services including but not limited to a psychiatric medical
 47 18 institution for children, shelter, residential treatment, after
 47 19 school programs, school-based programming, and an Asperger's
 47 20 syndrome program, to be used for support services for children
 47 21 with autism spectrum disorder and their families.

47 22 23A. Of the funds appropriated in this section, \$25,000
 47 23 shall be used for the public purpose of providing a grant to
 47 24 a hospital-based provider headquartered in a county with a
 47 25 population between 90,000 and 95,000 in the latest certified
 47 26 federal census that provides multiple services including
 47 27 but not limited to diagnostic, therapeutic, and behavioral
 47 28 services to individuals with autism spectrum disorder across
 47 29 the lifespan. The grant recipient shall utilize the funds to
 47 30 implement a pilot project to determine the necessary support
 47 31 services for children with autism spectrum disorder and
 47 32 their families to be included in the children's disabilities
 47 33 services system. The grant recipient shall submit findings and
 47 34 recommendations based upon the results of the pilot project
 47 35 to the individuals specified in this division of this Act for
 48 1 submission of reports by December 31, 2012.

Allocates \$25,000 to a hospital-based provider in Dubuque County for support services for children with autism spectrum disorder and their families.

DETAIL: This is a new allocation for FY 2013. The General Fund appropriation for Child and Family Services was not increased to reflect this new allocation.

48 2 24. Of the funds appropriated in this section ~~\$125,000~~
 48 3 ~~\$327,947~~ shall be used for continuation of the central Iowa
 48 4 system of care program grant through June 30, 2013.

Allocates \$327,947 for continuation of a System of Care Program in Polk County.

DETAIL: This is an increase of \$77,947 compared to the FY 2012 allocation. The increase replaces one-time carryforward funds used in FY 2012.

48 5 25. Of the funds appropriated in this section, ~~\$80,000~~
 48 6 ~~\$160,000~~ shall be used for the public purpose of the
 48 7 continuation of a system of care grant implemented in Cerro
 48 8 Gordo and Linn counties in accordance with this Act in FY
 48 9 2011-2012.

Allocates \$160,000 for continuation of a Circle of Care Program in Cerro Gordo and Linn Counties.

DETAIL: This is no change compared to the FY 2012 allocation.

48 10 Sec. 22. 2011 Iowa Acts, chapter 129, section 129, is
 48 11 amended to read as follows:

48 12 SEC. 129. ADOPTION SUBSIDY.
 48 13 1. There is appropriated from the general fund of the
 48 14 state to the department of human services for the fiscal year
 48 15 beginning July 1, 2012, and ending June 30, 2013, the following
 48 16 amount, or so much thereof as is necessary, to be used for the
 48 17 purpose designated:
 48 18 For adoption subsidy payments and services:

General Fund appropriation to the DHS for the Adoption Subsidy Program.

DETAIL: This is a net decrease of \$27,694 compared to estimated FY 2012. The changes include:

- An general increase of \$3,781,223 for Program growth.

48 19 \$ 16,633,295
 48 20 33,238,897

An increase of \$1,481,524 to provide for a 4.00% reimbursement rate increase.
 • A general decrease of \$5,290,441 that will be replaced by CHIPRA Contingency Funds.

48 21 2. The department may transfer funds appropriated in
 48 22 this section to the appropriation made in this division of
 48 23 this Act for general administration for costs paid from the
 48 24 appropriation relating to adoption subsidy. The department
 48 25 may transfer funds appropriated in this section to the
 48 26 appropriation made in this division of this Act for child and
 48 27 family services to support the adjustment in reimbursement
 48 28 rates for specified child welfare providers as provided in this
 48 29 2012 Act.

Permits the DHS to transfer funds for adoption recruitment and retention. Allows the DHS to transfer funds to Child and Family Services to ensure equitable rate increases for adoption and foster care programs.

48 30 3. Federal funds received by the state during the
 48 31 fiscal year beginning July 1, 2012, as the result of the
 48 32 expenditure of state funds during a previous state fiscal
 48 33 year for a service or activity funded under this section are
 48 34 appropriated to the department to be used as additional funding
 48 35 for the services and activities funded under this section.
 49 1 Notwithstanding section 8.33, moneys received in accordance
 49 2 with this subsection that remain unencumbered or unobligated
 49 3 at the close of the fiscal year shall not revert to any fund
 49 4 but shall remain available for expenditure for the purposes
 49 5 designated until the close of the succeeding fiscal year.

Requires federal funds received in FY 2013 for the expenditure of State funds in a previous fiscal year to be used for adoption subsidies. Requires nonreversion of federal funds in this Subsection until the close of FY 2014.

49 6 Sec. 23. 2011 Iowa Acts, chapter 129, section 131, is
 49 7 amended to read as follows:

49 8 SEC. 131. FAMILY SUPPORT SUBSIDY PROGRAM.

49 9 1. There is appropriated from the general fund of the
 49 10 state to the department of human services for the fiscal year
 49 11 beginning July 1, 2012, and ending June 30, 2013, the following
 49 12 amount, or so much thereof as is necessary, to be used for the
 49 13 purpose designated:

49 14 For the family support subsidy program subject to the
 49 15 enrollment restrictions in section 225C.37, subsection 3:
 49 16 \$ 583,999
 49 17 1,096,784

General Fund appropriation for the Family Support Program.

DETAIL: This is a decrease of \$71,214 compared to estimated FY 2012. The change is due to a reduction in expenses as a result of children aging out of the program.

49 18 2. The department shall use at least ~~\$192,750~~ \$385,500
 49 19 of the moneys appropriated in this section for the family
 49 20 support center component of the comprehensive family support
 49 21 program under section 225C.47. Not more than ~~\$12,500~~ \$25,000
 49 22 of the amount allocated in this subsection shall be used for

Requires an allocation of \$385,500 from the Family Support Subsidy appropriation to continue the Children-at-Home Program in current counties. Permits the DHS to expand the Program to additional counties if funds are available. Administrative funding is limited to \$25,000.

49 23 administrative costs.

DETAIL: This is no change compared to the FY 2012 allocation.

49 24 3. If at any time during the fiscal year, the amount of
49 25 funding available for the family support subsidy program
49 26 is reduced from the amount initially used to establish the
49 27 figure for the number of family members for whom a subsidy
49 28 is to be provided at any one time during the fiscal year,
49 29 notwithstanding section 225C.38, subsection 2, the department
49 30 shall revise the figure as necessary to conform to the amount
49 31 of funding available.

Requires the Department to revise funding available to participants in the Family Support Subsidy Program if available funds are less than anticipated.

49 32 Sec. 24. 2011 Iowa Acts, chapter 129, section 132, is
49 33 amended to read as follows:

49 34 SEC. 132. CONNER DECREE. There is appropriated from the
49 35 general fund of the state to the department of human services
50 1 for the fiscal year beginning July 1, 2012, and ending June 30,
50 2 2013, the following amount, or so much thereof as is necessary,
50 3 to be used for the purpose designated:

General Fund appropriation to the DHS for Conner Decree training requirements.

50 4 For building community capacity through the coordination
50 5 and provision of training opportunities in accordance with the
50 6 consent decree of Conner v.Branstad, No.4-86-CV-30871(S.D.
50 7 Iowa, July 14, 1994):

DETAIL: This is no change compared to estimated FY 2012. The funds are used for training purposes to comply with the *Conner v. Branstad* court decision mandating placement of persons in the least restrictive setting.

50 8 \$ 16,814
50 9 33,622

50 10 Sec. 25. 2011 Iowa Acts, chapter 129, section 133, is
50 11 amended to read as follows:

50 12 SEC. 133. MENTAL HEALTH INSTITUTES. There is appropriated
50 13 from the general fund of the state to the department of human
50 14 services for the fiscal year beginning July 1, 2012, and ending
50 15 June 30, 2013, the following amounts, or so much thereof as is
50 16 necessary, to be used for the purposes designated:

General Fund appropriation to the MHI at Cherokee.

50 17 1. For the state mental health institute at Cherokee for
50 18 salaries, support, maintenance, and miscellaneous purposes, and
50 19 for not more than the following full-time equivalent positions:
50 20 \$ 2,938,654
50 21 5,641,037
50 22 FTEs 168.50

DETAIL: This is net decrease of \$236,271 compared to estimated FY 2012. The changes include:

- An increase of \$102,270 for increased costs of food, pharmaceuticals, transportation, and utilities.
- An increase of \$30,280 for increased costs of printing, postage, technology, and Workers' Compensation.
- A decrease of \$368,821 to transfer funds to the Civil

Commitment Unit for Sex Offenders.

General Fund appropriation to the MHI at Clarinda.

DETAIL: This is an increase of \$51,603 compared to estimated FY 2012. The changes include:

- An increase of \$40,130 for increased costs of food, pharmaceuticals, transportation, and utilities.
- An increase of \$11,473 for increased costs of printing, postage, technology, and Workers' Compensation.

General Fund appropriation to the MHI at Independence.

DETAIL: This is a net decrease of \$471,473 compared to estimated FY 2012. The changes include:

- A decrease of \$600,000 due to additional federal PMIC revenues.
- An increase of \$92,561 for increased costs of food, pharmaceuticals, transportation, and utilities.
- An increase of \$23,883 for increased costs of printing, postage, technology, and Workers' Compensation.
- An increase of \$12,083 due to a change in the FMAP rate.

General Fund appropriation to the MHI at Mt. Pleasant.

DETAIL: This is no change in funding and an increase of 6.00 FTE positions compared to estimated FY 2012.

General Fund appropriation to the State Resource Center at Glenwood.

50 23 2. For the state mental health institute at Clarinda for

50 24 salaries, support, maintenance, and miscellaneous purposes, and

50 25 for not more than the following full-time equivalent positions:

50 26	.....	\$	<u>3,205,867</u>
50 27	.....		<u>6,463,337</u>
50 28	..... FTEs		86.10

50 29 3. For the state mental health institute at Independence for

50 30 salaries, support, maintenance, and miscellaneous purposes, and

50 31 for not more than the following full-time equivalent positions:

50 32	.....	\$	<u>5,137,842</u>
50 33	.....		<u>9,804,212</u>
50 34	..... FTEs		233.00

50 35 4. For the state mental health institute at Mount Pleasant

51 1 for salaries, support, maintenance, and miscellaneous purposes,

51 2 and for not more than the following full-time equivalent

51 3 positions:

51 4	.....	\$	<u>472,164</u>
51 5	.....		<u>944,323</u>
51 6	..... FTEs		97.72

51 7 Sec. 26. 2011 Iowa Acts, chapter 129, section 134, is

51 8 amended to read as follows:

51 9 SEC. 134. STATE RESOURCE CENTERS.

51 10 1. There is appropriated from the general fund of the

51 11 state to the department of human services for the fiscal year

51 12 beginning July 1, 2012, and ending June 30, 2013, the following

51 13 amounts, or so much thereof as is necessary, to be used for the

51 14 purposes designated:

51 15 a. For the state resource center at Glenwood for salaries,

51 16 support, maintenance, and miscellaneous purposes:

51 17\$ 9,253,900
 51 1819,092,576

DETAIL: This is an increase of \$584,775 compared to estimated FY 2012. The the increase is due to a change in the FMAP rate.

51 19 b. For the state resource center at Woodward for salaries,
 51 20 support, maintenance, and miscellaneous purposes:
 51 21\$ 6,392,829
 51 2213,176,093

General Fund appropriation to the State Resource Center at Woodward.

DETAIL: This is an increase of \$390,435 compared to estimated FY 2012. The the increase is due to a change in the FMAP rate.

51 23 2. The department may continue to bill for state resource
 51 24 center services utilizing a scope of services approach used for
 51 25 private providers of ICFMR services, in a manner which does not
 51 26 shift costs between the medical assistance program, counties,
 51 27 or other sources of funding for the state resource centers.

Permits the DHS to continue billing practices that do not include cost shifting.

51 28 3. The state resource centers may expand the time-limited
 51 29 assessment and respite services during the fiscal year.

Permits the State Resource Centers to expand time-limited assessment and respite services.

DETAIL: Time-limited assessments include analysis of patient conditions and development of therapy plans to assist families in caring for individuals with mental retardation or developmental disabilities. Respite services provide care for special needs individuals for a limited duration to provide families with a temporary reprieve from caretaking responsibilities.

51 30 4. If the department's administration and the department
 51 31 of management concur with a finding by a state resource
 51 32 center's superintendent that projected revenues can reasonably
 51 33 be expected to pay the salary and support costs for a new
 51 34 employee position, or that such costs for adding a particular
 51 35 number of new positions for the fiscal year would be less
 52 1 than the overtime costs if new positions would not be added,
 52 2 the superintendent may add the new position or positions. If
 52 3 the vacant positions available to a resource center do not
 52 4 include the position classification desired to be filled, the
 52 5 state resource center's superintendent may reclassify any
 52 6 vacant position as necessary to fill the desired position. The
 52 7 superintendents of the state resource centers may, by mutual
 52 8 agreement, pool vacant positions and position classifications
 52 9 during the course of the fiscal year in order to assist one
 52 10 another in filling necessary positions.

Specifies that FTE positions may be added at the two State Resource Centers if projected revenues are sufficient to pay the salary and support costs of the additional positions.

52 11 5. If existing capacity limitations are reached in
 52 12 operating units, a waiting list is in effect for a service or

Permits a State Resource Center to open certain facilities if a service waiting list exists and funding is available.

52 13 a special need for which a payment source or other funding
 52 14 is available for the service or to address the special need,
 52 15 and facilities for the service or to address the special need
 52 16 can be provided within the available payment source or other
 52 17 funding, the superintendent of a state resource center may
 52 18 authorize opening not more than two units or other facilities
 52 19 and begin implementing the service or addressing the special
 52 20 need during fiscal year 2012-2013.

52 21 Sec. 27. 2011 Iowa Acts, chapter 129, section 135, is
 52 22 amended to read as follows:

52 23 SEC. 135. MI/MR/DD STATE CASES.

52 24 1. There is appropriated from the general fund of the
 52 25 state to the department of human services for the fiscal year
 52 26 beginning July 1, 2012, and ending June 30, 2013, the following
 52 27 amount, or so much thereof as is necessary, to be used for the
 52 28 purpose designated:

52 29 For distribution to counties for state case services
 52 30 for persons with mental illness, mental retardation, and
 52 31 developmental disabilities in accordance with section 331.440:
 52 32 \$ 6,084,744
 52 33 12,169,482

General Fund appropriation to the DHS for State Cases.

DETAIL: This is no change compared to estimated FY 2012.

52 34 2. For the fiscal year beginning July 1, 2012, and ending
 52 35 June 30, 2013, ~~\$400,000~~ \$200,000 is allocated for state case
 53 1 services from the amounts appropriated from the fund created
 53 2 in section 8.41 to the department of human services from the
 53 3 funds received from the federal government under 42 U.S.C.ch.
 53 4 6A, subch.XVII, relating to the community mental health center
 53 5 block grant, for the federal fiscal years beginning October
 53 6 1, 2010, and ending September 30, 2011, beginning October 1,
 53 7 2011, and ending September 30, 2012, and beginning October 1,
 53 8 2012, and ending September 30, 2013. The allocation made in
 53 9 this subsection shall be made prior to any other distribution
 53 10 allocation of the appropriated federal funds.

Requires \$200,000 of the Community Mental Health Services Block Grant funds from FFY 2010, FFY 2011, or FFY 2012 to be used for the State Cases services.

53 11 3. Notwithstanding section 8.33, moneys appropriated in
 53 12 this section that remain unencumbered or unobligated at the
 53 13 close of the fiscal year shall not revert but shall remain
 53 14 available for expenditure for the purposes designated until the
 53 15 close of the succeeding fiscal year.

Requires nonreversion of funds appropriated for State Cases.

53 16 Sec. 28. 2011 Iowa Acts, chapter 129, section 137, is
 53 17 amended to read as follows:

53 18 SEC. 137. SEXUALLY VIOLENT PREDATORS.

General Fund appropriation to the DHS for the Sexual Predator

53 19 1. There is appropriated from the general fund of the
 53 20 state to the department of human services for the fiscal year
 53 21 beginning July 1, 2012, and ending June 30, 2013, the following
 53 22 amount, or so much thereof as is necessary, to be used for the
 53 23 purpose designated:
 53 24 For costs associated with the commitment and treatment of
 53 25 sexually violent predators in the unit located at the state
 53 26 mental health institute at Cherokee, including costs of legal
 53 27 services and other associated costs, including salaries,
 53 28 support, maintenance, and miscellaneous purposes, and for not
 53 29 more than the following full-time equivalent positions:
 53 30 \$ 3,775,363
 53 31 9,113,668
 53 32 FTEs 89.50
 53 33 115.50

Commitment Program.

DETAIL: This is a net increase of \$1,562,941 and 26.00 FTE positions compared to estimated FY 2012. The changes include:

- An increase of \$1,184,751 for additional court-ordered sex offenders.
- An increase of \$368,821 due to a transfer from the Cherokee MHI.
- An increase of \$9,369 for increased costs of printing, postage, technology, and Workers' Compensation.

53 34 2. Unless specifically prohibited by law, if the amount
 53 35 charged provides for recoupment of at least the entire amount
 54 1 of direct and indirect costs, the department of human services
 54 2 may contract with other states to provide care and treatment
 54 3 of persons placed by the other states at the unit for sexually
 54 4 violent predators at Cherokee. The moneys received under
 54 5 such a contract shall be considered to be repayment receipts
 54 6 and used for the purposes of the appropriation made in this
 54 7 section.

Permits the Unit for Commitment of Sexually Violent Predators to accept out-of-state clients when the entire cost is reimbursed.

54 8 Sec. 29. 2011 Iowa Acts, chapter 129, section 138, is
 54 9 amended to read as follows:

54 10 SEC. 138. FIELD OPERATIONS. There is appropriated from the
 54 11 general fund of the state to the department of human services
 54 12 for the fiscal year beginning July 1, 2012, and ending June 30,
 54 13 2013, the following amount, or so much thereof as is necessary,
 54 14 to be used for the purposes designated:
 54 15 For field operations, including salaries, support,
 54 16 maintenance, and miscellaneous purposes, and for not more than
 54 17 the following full-time equivalent positions:
 54 18 \$ 27,394,960
 54 19 61,915,440
 54 20 FTEs 1,781.00

General Fund appropriation to the DHS for Field Operations staff and support.

DETAIL: This is an increase of \$7,125,519 compared to estimated FY 2012 and an increase of 93.00 FTE positions. The General Fund increase is provided to maintain FY 2012 staffing and caseload levels.

54 21 Priority in filling full-time equivalent positions shall be
 54 22 given to those positions related to child protection services
 54 23 and eligibility determination for low-income families.

Requires that priority be given to filling positions related to child protection services and eligibility determination for low-income families.

54 24 Notwithstanding section 8.33, moneys appropriated in this
 54 25 section that remain unencumbered or unobligated at the close of

Requires nonreversion of funds appropriated to DHS Field Operations.

54 26 the fiscal year shall not revert but shall remain available for
54 27 expenditure for the purposes designated until the close of the
54 28 succeeding fiscal year.

54 29 Sec. 30. 2011 Iowa Acts, chapter 129, section 139, is
54 30 amended to read as follows:

54 31 SEC. 139. GENERAL ADMINISTRATION. There is appropriated
54 32 from the general fund of the state to the department of human
54 33 services for the fiscal year beginning July 1, 2012, and ending
54 34 June 30, 2013, the following amount, or so much thereof as is
54 35 necessary, to be used for the purpose designated:

55 1	For general administration, including salaries, support,		
55 2	maintenance, and miscellaneous purposes, and for not more than		
55 3	the following full-time equivalent positions:		
55 4	.....	\$	7,298,372
55 5	.....		15,841,874
55 6	.....	FTEs	285.00
		FTEs	295.00

55 7 1. Of the funds appropriated in this section, ~~\$19,274~~
55 8 \$38,543 allocated for the prevention of disabilities policy
55 9 council established in section 225B.3.

55 10 2. The department shall report at least monthly to the
55 11 legislative services agency concerning the department's
55 12 operational and program expenditures.

55 13 3. Of the funds appropriated in this section, ~~\$66,450~~
55 14 \$132,300 shall be used to continue the contract for the
55 15 provision of a program to provide technical assistance,
55 16 support, and consultation to providers of habilitation services
55 17 and home and community-based services waiver services for
55 18 adults with disabilities under the medical assistance program.

55 19 4. Of the funds appropriated in this section, ~~\$88,200~~
55 20 \$500,000 shall be used to continue the contract to expand
55 21 the provision of nationally accredited and recognized
55 22 internet-based training to include mental health and disability
55 23 services providers.

55 24 5. Of the funds appropriated in this section, ~~\$250,000~~
55 25 \$500,000 shall be used for continuation of child protection
55 26 system improvements addressed in 2011 Iowa Acts, ~~House File~~
55 27 ~~562, as enacted~~ chapter 28.

General Fund appropriation to the DHS for General Administration.

DETAIL: This is an increase of \$1,245,129 and 29.96 FTE positions compared to the estimated FY 2012 appropriation. The General Fund changes include:

- A general increase of \$921,529 for administration.
- An increase of \$323,600 for the College of Direct Support.

Allocates \$38,546 to the Prevention of Disabilities Policy Council.

DETAIL: This is no change compared to the FY 2012 allocation.

Requires the DHS to submit monthly expenditure reports to the LSA.

Allocates \$132,300 to continue the existing contract for technical assistance for providers of habilitation services under the HCBS Waiver Program.

DETAIL: This is no change compared to the FY 2012 allocation. The DHS is allowed to use a sole source contract to distribute these funds.

Allocates \$500,000 to continue the contract with the College of Direct Support to expand the provision of nationally accredited internet-based training, including mental health and disability service providers.

DETAIL: This is an increase of \$323,600 compared to the FY 2012 allocation.

Allocates \$500,000 to implement the child protection system improvements concerning the Child Abuse Registry in Iowa Code chapter 28.

DETAIL: This is no change compared to the FY 2012 allocation.

55 28 6. Notwithstanding section 8.33, moneys appropriated in
 55 29 this section that remain unencumbered or unobligated at the
 55 30 close of the fiscal year shall not revert but shall remain
 55 31 available for expenditure for the purposes designated until the
 55 32 close of the succeeding fiscal year.

Requires nonreversion of funds appropriated for General Administration.

55 33 Sec. 31. 2011 Iowa Acts, chapter 129, section 140, is
 55 34 amended to read as follows:

55 35 SEC. 140. VOLUNTEERS. There is appropriated from the
 56 1 general fund of the state to the department of human services
 56 2 for the fiscal year beginning July 1, 2012, and ending June 30,
 56 3 2013, the following amount, or so much thereof as is necessary,
 56 4 to be used for the purpose designated:
 56 5 For development and coordination of volunteer services:
 56 6\$ 42,330
 56 7 84,660

General Fund appropriation to the DHS for the development and coordination of the Volunteer Services Program.

DETAIL: This is no change compared to estimated FY 2012.

56 8 PROVIDER REIMBURSEMENT — NURSING FACILITIES

56 9 Sec. 32. 2011 Iowa Acts, chapter 129, section 141,
 56 10 subsection 1, paragraph a, subparagraph (1), is amended to read
 56 11 as follows:

56 12 (1) For the fiscal year beginning July 1, 2012, the total
 56 13 state funding amount for the nursing facility budget shall not
 56 14 exceed ~~\$225,457,724~~\$239,726,901.

Caps nursing facility reimbursements at \$239,726,901 and requires the DHS to adjust the inflation factor in the case-mix reimbursement rate if expenditures exceed the cap.

56 15 Sec. 33. 2011 Iowa Acts, chapter 129, section 141,
 56 16 subsection 1, paragraph a, is amended by adding the following
 56 17 new subparagraph:

DETAIL: This is an increase of \$14,269,177 compared to the FY 2012 cap. Of the increase, \$2,500,000 is to rebase the direct care rates for nursing facilities.

56 18 new subparagraph (1A) For the fiscal year beginning July
 56 19 1, 2012, and ending June 30, 2013, and within the total state
 56 20 funding amount identified in subparagraph (1), the department
 56 21 shall distribute not more than \$2,500,000 in reimbursement to
 56 22 nursing facilities by adjusting the statewide median of the
 56 23 direct care component of nursing facility costs based upon
 56 24 the most recent cost report submitted by the nursing facility
 56 25 for the period ending on or before December 31, 2011, and
 56 26 inflating these costs forward to July 1, 2012, by using the
 56 27 midpoint of each cost report and applying the skilled nursing
 56 28 facility market basket index. The department shall adjust the
 56 29 reimbursement calculated under this subparagraph as necessary
 56 30 to maintain expenditures of the nursing facility budget

Specifies that no more than \$2,500,000 may be used to rebase the direct care component of nursing facilities cost based reimbursement.

56 31 within the state funding amount specified in this subparagraph
 56 32 and within the total state funding amount identified in
 56 33 subparagraph (1) for the fiscal year.

56 34 PROVIDER REIMBURSEMENT — PHARMACY, PMICS, HOME HEALTH
 56 35 AGENCIES, HCBS WAIVER

57 1 Sec. 34. 2011 Iowa Acts, chapter 129, section 141,
 57 2 subsection 1, paragraphs b, f, i, and q, are amended to read as
 57 3 follows:

57 4 b. (1) For the fiscal year beginning July 1, 2012, the
 57 5 department shall reimburse pharmacy dispensing fees using a
 57 6 single rate of range between \$4.34 per prescription or the
 57 7 pharmacy's usual and customary fee, whichever is lower, and
 57 8 \$11.10 per prescription. The actual dispensing fee set within
 57 9 the range shall be determined by a cost of dispensing survey
 57 10 performed by the department and required to be completed by all
 57 11 medical assistance program participating pharmacies.
 57 12 ~~However, the department shall adjust the dispensing fee~~
 57 13 ~~specified in this paragraph to distribute an additional~~
 57 14 ~~\$2,981,980 in reimbursements for pharmacy dispensing fees under~~
 57 15 ~~this paragraph for the fiscal year.~~

Requires a reimbursement rate of between \$4.34 and \$11.10 per prescription for pharmacist services using a single dispensing fee or the usual and customary fee, whichever is lower. The fee is to be determined by a dispensing survey.

DETAIL: If increased to \$11.10, it would be an increase of \$6.76 compared to the FY 2012 dispensing fee. An \$11.10 dispensing fee would be budget neutral with the implementation of the new Average Acquisition Cost (AAC) reimbursement methodology.

57 16 (2) The department shall implement an average acquisition
 57 17 cost reimbursement methodology for all drugs covered under the
 57 18 medical assistance program. The methodology shall utilize a
 57 19 survey of pharmacy invoices from a rotation of pharmacies in
 57 20 determining the average acquisition cost component of pharmacy
 57 21 reimbursement. Pharmacies and providers that are enrolled
 57 22 in the medical assistance program shall make available drug
 57 23 acquisition cost invoice information, product availability
 57 24 information if known, and other information deemed necessary
 57 25 by the department to assist the department in monitoring and
 57 26 revising the reimbursement rates and for efficient operation of
 57 27 the pharmacy benefit. The department shall provide a process
 57 28 for pharmacies to address average acquisition cost prices that
 57 29 are not reflective of the actual cost of a drug.

Requires the DHS to implement an AAC reimbursement methodology for all drugs covered under the Medicaid Program. The methodology is to utilize a survey of pharmacy invoices to determine the AAC. The Department is to provide a process for pharmacies to address average acquisition costs prices that are not reflective of the actual drug cost.

57 30 (a) A pharmacy or provider shall produce and submit the
 57 31 requested information in the manner and format requested by the
 57 32 department or its designee at no cost to the department or its
 57 33 designee.

Requires pharmacies to submit the requested information in a format requested by the DHS at no cost to DHS or its designee.

57 34 (b) A pharmacy or provider shall submit information to the
 57 35 department or its designee within the time frame indicated
 58 1 following receipt of a request for information unless the
 58 2 department or its designee grants an extension upon written

Requires pharmacies to submit information to the DHS or its designee within the timeframe requested unless an extension is granted.

58 3	<u>request of the pharmacy or provider.</u>	
58 4 58 5 58 6 58 7	f. For the fiscal year beginning July 1, 2012, reimbursement rates for home health agencies shall remain at <u>be increased by 2 percent over</u> the rates in effect on June 30, 2012, not to exceed a home health agency's actual allowable cost.	Provides a 2.00% rate increase compared to the rate in effect for FY 2012 for Home Health Agencies.
58 8 58 9 58 10 58 11 58 12	i. (1) For the fiscal year beginning July 1, 2012, state-owned psychiatric medical institutions for children shall receive cost-based reimbursement for 100 percent of the actual and allowable costs for the provision of services to recipients of medical assistance.	Requires the reimbursement rates for State-owned PMICs to be set at 100.00% of allowable costs.
58 13 58 14 58 15 58 16	(2) For the nonstate-owned psychiatric medical institutions for children, reimbursement rates shall be based on the reimbursement methodology developed by the department as required for federal compliance.	Requires nonstate-owned PMICS to be reimbursed based on the reimbursement methodology developed by the DHS.
58 17 58 18 58 19 58 20 58 21 58 22	<u>(3) As a condition of participation in the medical assistance program, enrolled providers shall accept the medical assistance reimbursement rate for any covered goods or services provided to recipients of medical assistance who are children under the custody of a psychiatric medical institution for children.</u>	Requires PMIC providers to accept the Medicaid rate for any covered goods or services for children under the custody of the PMIC.
58 23 58 24 58 25 58 26 58 27 58 28 58 29	q. For the fiscal year beginning July 1, 2012, the department shall adjust the rates in effect on June 30, 2012, reimbursement rates for providers of home and community-based services waiver services to distribute an additional \$1,500,000 in reimbursements to such providers for the fiscal year shall <u>be increased by 2 percent over the rates in effect on June 30, 2012.</u>	Provides a 2.00% rate increase compared to the rate in effect for FY 2012 for HCBS Waiver Providers.
58 30	PROVIDER REIMBURSEMENT — SPECIFIED CHILD WELFARE PROVIDERS	
58 31 58 32	Sec. 35. 2011 Iowa Acts, chapter 129, section 141, is amended by adding the following new subsection:	
58 33 58 34 58 35 59 1 59 2 59 3 59 4 59 5 59 6 59 7	new sUBSECTION 6A. For the fiscal year beginning July 1, 2012, the department shall adjust the foster family basic daily maintenance rate, the maximum adoption subsidy rates for children, the family-centered service providers rate, the family foster care service providers rate, the group foster care service providers rate, and the resource family recruitment and retention contractor rate, as such rates are identified in this section and were in effect on June 30, 2012, in order to distribute an additional \$3,070,512 in state reimbursements equitably to such providers for the fiscal year.	Directs the Department of Human Services adjust rates to equitably distribute the additional \$3,070,512 allocated for FY 2013 for reimbursements to foster and adoption providers and support services.

59 8 PROVIDER REIMBURSEMENT — CHILD CARE

59 9 Sec. 36. 2011 Iowa Acts, chapter 129, section 141,
59 10 subsection 10, is amended to read as follows:

59 11 10. For the fiscal year beginning July 1, 2012, for child
59 12 care providers reimbursed under the state child care assistance
59 13 program, the department shall set provider reimbursement
59 14 rates based on the rate reimbursement survey completed in
59 15 December 2004. Effective July 1, 2012, the child care provider
59 16 reimbursement rates shall ~~remain at~~ be increased by 4 percent
59 17 over the rates in effect on June 30, 2012. The department
59 18 shall set rates in a manner so as to provide incentives for a
59 19 nonregistered provider to become registered by applying the
59 20 increase only to registered and licensed providers.

Provides a 4.00% rate increase compared to the rate in effect for FY 2012 for Child Care Assistance.

59 21 REBASING STUDY — MEDICAID HOME HEALTH AND HCBS WAIVER SERVICE
59 22 PROVIDERS

59 23 Sec. 37. 2011 Iowa Acts, chapter 129, section 141, is
59 24 amended by adding the following new subsection:
59 25 NEW SUBSECTION 10A. The department shall review
59 26 reimbursement of home health agency and home and
59 27 community-based services waiver services providers and shall
59 28 submit a recommendation for a rebasing methodology applicable
59 29 to such providers for the fiscal year beginning July 1, 2013,
59 30 and thereafter, to the individuals identified in this division
59 31 of this Act for receipt of reports.

Requires the DHS to review reimbursement for Home Health and HCBS Waiver services providers and submit recommendations for rebasing methodology for FY 2013.

59 32 ELDERLY WAIVER

59 33 Sec. 38. 2011 Iowa Acts, chapter 129, section 141, is
59 34 amended by adding the following new subsection:
59 35 new subsection 10B. The department shall increase the
60 1 monthly reimbursement cap for the medical assistance home and
60 2 community-based services waiver for the elderly to \$1,400 per
60 3 month.

Increases the HCBS Elderly Waiver cap from \$1,117 per month to \$1,400 per month.

DETAIL: This increase is estimated to cost the Medicaid Program \$3,110,761 in FY 2013.

60 4 REPORTS

60 5 Sec. 39. 2011 Iowa Acts, chapter 129, section 143, is
60 6 amended to read as follows:

60 7 SEC. 143. REPORTS. Any reports or other information
60 8 required to be compiled and submitted under this Act shall be
60 9 submitted to the chairpersons and ranking members of the joint
60 10 appropriations subcommittee on health and human services, the
60 11 legislative services agency, and the legislative caucus staffs
60 12 on or before the dates specified for submission of the reports

Requires any other reports required by this Bill to be submitted to the Chairpersons and Ranking Members of the Health and Human Services Appropriations Subcommittee, Legislative Caucus Staffs, and the LSA.

60 13 or information.

60 14 DIVISION V
60 15 HEALTH CARE ACCOUNTS AND FUNDS

60 16 PHARMACEUTICAL SETTLEMENT ACCOUNT

60 17 Sec. 40. 2011 Iowa Acts, chapter 129, section 145, is
60 18 amended to read as follows:

60 19 SEC. 145. PHARMACEUTICAL SETTLEMENT ACCOUNT. There is
60 20 appropriated from the pharmaceutical settlement account created
60 21 in section 249A.33 to the department of human services for the
60 22 fiscal year beginning July 1, 2012, and ending June 30, 2013,
60 23 the following amount, or so much thereof as is necessary, to be
60 24 used for the purpose designated:

60 25 Notwithstanding any provision of law to the contrary, to
60 26 supplement the appropriations made in this Act for medical
60 27 contracts under the medical assistance program for the fiscal
60 28 year beginning July 1, 2012, and ending June 30, 2013:
60 29 \$ 2,716,807

60 30 IOWACARE ACCOUNT APPROPRIATIONS — UNIVERSITY OF IOWA HOSPITALS
60 31 AND CLINICS

60 32 Sec. 41. 2011 Iowa Acts, chapter 129, section 146,
60 33 subsection 2, unnumbered paragraph 2, is amended to read as
60 34 follows:

60 35 For salaries, support, maintenance, equipment, and
61 1 miscellaneous purposes, for the provision of medical and
61 2 surgical treatment of indigent patients, for provision of
61 3 services to members of the expansion population pursuant to
61 4 chapter 249J, and for medical education:
61 5 \$ ~~44,226,279~~
61 6 45,654,133

61 7 IOWACARE ACCOUNT — PUBLICLY OWNED ACUTE CARE TEACHING
61 8 HOSPITAL

61 9 Sec. 42. 2011 Iowa Acts, chapter 129, section 146,
61 10 subsection 4, unnumbered paragraph 2, is amended to read as
61 11 follows:

61 11 For distribution to a publicly owned acute care teaching
61 12 hospital located in a county with a population over 350,000 for
61 13 the provision of medical and surgical treatment of indigent
61 14 patients, for provision of services to members of the expansion
61 15 population pursuant to chapter 249J, and for medical education:
61 16 \$ ~~65,000,000~~
61 17 70,000,000

Pharmaceutical Settlement Account appropriation to the DHS for medical contracts in Medicaid.

DETAIL: This is a decrease of \$8,190,650 compared to estimated FY 2012. The decrease is due to moving the appropriation back to the General Fund.

IowaCare Account appropriation of \$45,654,133 to the State Board of Regents to be distributed to the UIHC.

DETAIL: This is an increase of \$1,427,854 compared to the estimated FY 2012 appropriation. The increase is due to increased enrollment in the Program.

IowaCare Account appropriation to Polk County Broadlawns Medical Center.

DETAIL: This is an increase of \$5,000,000 compared to estimated FY 2012. The increase is due to care being shifted from the UIHC. Broadlawns transfers \$42,000,000 of Polk County property tax proceeds to the State to draw down the federal match that funds the

IowaCare Program.

61 18 IOWACARE ACCOUNT — PUBLICLY OWNED ACUTE CARE HOSPITAL
61 19 ALLOCATIONS

61 20 Sec. 43. 2011 Iowa Acts, chapter 129, section 146,
61 21 subsection 4, paragraphs a and b, are amended to read as
61 22 follows:
61 23 a. Notwithstanding any provision of law to the contrary,
61 24 the amount appropriated in this subsection shall be distributed
61 25 based on claims submitted, adjudicated, and paid by the Iowa
61 26 Medicaid enterprise plus a monthly disproportionate share
61 27 hospital payment. Any amount appropriated in this subsection
61 28 in excess of ~~\$60,000,000~~ \$65,000,000 shall be distributed only
61 29 if the sum of the expansion population claims adjudicated
61 30 and paid by the Iowa Medicaid enterprise plus the estimated
61 31 disproportionate share hospital payments exceeds ~~\$60,000,000~~
61 32 \$65,000,000. The amount paid in excess of ~~\$60,000,000~~
61 33 \$65,000,000 shall not adjust the original monthly payment
61 34 amount but shall be distributed monthly based on actual claims
61 35 adjudicated and paid by the Iowa Medicaid enterprise plus
62 1 the estimated disproportionate share hospital amount. Any
62 2 amount appropriated in this subsection in excess of ~~\$60,000,000~~
62 3 \$65,000,000 shall be allocated only if federal funds are
62 4 available to match the amount allocated. Pursuant to paragraph
62 5 "b", of the amount appropriated in this subsection, not more
62 6 than \$4,000,000 shall be distributed for prescription drugs,
62 7 ~~and podiatry services, and optometric services.~~
62 8 b. Notwithstanding any provision of law to the contrary,
62 9 the hospital identified in this subsection, shall be reimbursed
62 10 for outpatient prescription drugs, ~~and podiatry services,~~
62 11 ~~and optometric services~~ provided to members of the expansion
62 12 population pursuant to all applicable medical assistance
62 13 program rules, in an amount not to exceed \$4,000,000.

Increases the guaranteed amount to Broadlawns from to \$65,000,000 for FY 2013.

DETAIL: This is an increase of \$5,000,000 compared to FY 2012. Broadlawns can received up to \$70,000,000, but they have to provide claims to support any additional appropriations over \$65,000,000.

62 14 IOWACARE ACCOUNT — REGIONAL PROVIDER NETWORK

62 15 Sec. 44. 2011 Iowa Acts, chapter 129, section 146,
62 16 subsection 5, unnumbered paragraph 2, is amended to read as
62 17 follows:

62 18 For payment to the regional provider network specified
62 19 by the department pursuant to section 249J.7 for provision
62 20 of covered services to members of the expansion population
62 21 pursuant to chapter 249J:
62 22 \$ 3,472,176
62 23 4,986,366

IowaCare regional provider network appropriation for FY 2012.

DETAIL: This is a increase of \$1,514,190 compared to the estimated FY 2012 appropriation. The increase is due to additional enrollment in the Program.

62 24 ACCOUNT FOR HEALTH CARE TRANSFORMATION

62 25 Sec. 45. 2011 Iowa Acts, chapter 129, section 148, is
62 26 amended to read as follows:

62 27 SEC. 148. APPROPRIATIONS FROM ACCOUNT FOR HEALTH CARE
62 28 TRANSFORMATION — DEPARTMENT OF HUMAN SERVICES.

62 29 Notwithstanding any provision to the contrary, there is
62 30 appropriated from the account for health care transformation
62 31 created in section 249J.23 to the department of human services
62 32 for the fiscal year beginning July 1, 2012, and ending June
62 33 30, 2013, the following amounts, or so much thereof as is
62 34 necessary, to be used for the purposes designated:

62 35	1. For the provision of an IowaCare nurse helpline for the		
63 1	expansion population as provided in section 249J.6:		
63 2	.....	\$	50,000
63 3	.....		<u>100,000</u>

Appropriation from the Health Care Transformation Account (HCTA) for a medical information hotline for IowaCare enrollees.

DETAIL: This is no change compared to the current level of HCTA support.

63 4	2. For other health promotion partnership activities		
63 5	pursuant to section 249J.14:		
63 6	.....	\$	300,000
63 7	.....		<u>600,000</u>

Appropriation from the HCTA for other health partnership activities related to IowaCare.

DETAIL: This is no change compared to the current level of HCTA support.

63 8	3. For the costs related to audits, performance		
63 9	evaluations, and studies required pursuant to chapter 249J:		
63 10	.....	\$	62,500
63 11	.....		<u>125,000</u>

Appropriation from the HCTA for costs related to audits, performance evaluations, and studies related to IowaCare.

DETAIL: This is no change compared to the current level of HCTA support.

63 12	4. For administrative costs associated with chapter 249J:		
63 13	.....	\$	566,206
63 14	.....		<u>1,132,412</u>

Appropriation from the HCTA for IowaCare administrative costs.

DETAIL: This is no change compared to the current level of HCTA support.

63 15	5. For planning and development, in cooperation with the		
63 16	department of public health, of a phased-in program to provide		
63 17	a dental home for children in accordance with section 249J.14:		
63 18	.....	\$	500,000
63 19	.....		<u>1,000,000</u>

Appropriation from the HCTA to the DHS and the DPH to provide a dental home for children program.

DETAIL: This is no change compared to the current level of HCTA support.

63 20 6. For continuation of the establishment of the tuition
 63 21 assistance for individuals serving individuals with
 63 22 disabilities pilot program, as enacted in 2008 Iowa Acts,
 63 23 chapter 1187, section 130:
 63 24\$ 25,000
 63 25 50,000

Appropriation from the HCTA for tuition assistance for individuals serving individuals with disabilities pilot program.

 DETAIL: This is no change compared to the current level of HCTA support.

63 26 7. For medical contracts:
 63 27\$ 1,000,000
 63 28 2,400,000

Appropriation from the HCTA for Medical Contracts.

 DETAIL: This is an increase of \$400,000 compared to estimated FY 2012.

63 29 8. For payment to the publicly owned acute care teaching
 63 30 hospital located in a county with a population of over 350,000
 63 31 that is a participating provider pursuant to chapter 249J:
 63 32\$ 145,000
 63 33 540,000

Appropriation from the HCTA for the Polk County Broadlawns Medical Center for the IowaCare Program. Requires distribution of the funds on a monthly basis.

 DETAIL: This is an increase of \$250,00 compared to FY 2012. The increase is due to additional costs for Broadlawns to process pharmacy claims.

63 34 Disbursements under this subsection shall be made monthly.
 63 35 The hospital shall submit a report following the close of the
 64 1 fiscal year regarding use of the funds appropriated in this
 64 2 subsection to the persons specified in this Act to receive
 64 3 reports.

Requires the DHS to make 12 monthly payments to Polk County Broadlawns Medical Center for the appropriation. Requires an FY 2011 report from the Medical Center.

64 4 9. For transfer to the department of public health to be
 64 5 used for the costs of medical home system advisory council
 64 6 established pursuant to section 135.159:
 64 7\$ 416,679
 64 8 233,357

Appropriation from the HCTA to the Medical Home Advisory Council.

 DETAIL: This is no change compared to the current level of HCTA support.

64 9 10. For continued implementation of a uniform cost report:
 64 10\$ 75,000
 64 11 150,000

Appropriation from the HCTA to the Iowa Medicaid Enterprise (IME) for the implementation of a uniform cost report.

 DETAIL: This is no change compared to the current level of HCTA support.

64 12 11. For continued implementation of an electronic medical
 64 13 records system:
 64 14\$ 50,000
 64 15 100,000

Appropriation from the HCTA to the IME for the implementation of Electronic Medical Records System.

 DETAIL: This is no change compared to the current level of HCTA support.

64 16 Notwithstanding section 8.33, funds allocated in this
 64 17 subsection that remain unencumbered or unobligated at the close
 64 18 of the fiscal year shall not revert but shall remain available
 64 19 in succeeding fiscal years to be used for the purposes
 64 20 designated.

Allows the DHS to carry forward funds appropriated for Electronic Medical Records.

64 21 12. For transfer to the department of public health to
 64 22 support the department's activities relating to health and
 64 23 long-term care access as specified pursuant to chapter 135,
 64 24 division XXIV:
 64 25\$ 67,107
 64 26 134,214

Appropriation from the HCTA to the Health and Long-Term Care Access Council.

DETAIL: This is no change compared to the current level of HCTA support.

64 27 13. For continuation of an accountable care organization
 64 28 pilot project:
 64 29\$ 50,000
 64 30 100,000

Appropriation from the HCTA for an Accountable Care Organization pilot project.

DETAIL: This is no change compared to the current level of HCTA support.

64 31 14. For the continued development of a provider payment
 64 32 system plan to provide recommendations to reform the health
 64 33 care provider payment system as an effective way to promote
 64 34 coordination of care, lower costs, and improve quality:
 64 35\$ 100,000

Appropriation to the IME for development of a provider payment system plan.

DETAIL: This is a new appropriation for FY 2013.

65 1 15. For transfer to the department of public health to
 65 2 be used as state matching funds for the health information
 65 3 technology system network developed by the department of public
 65 4 health:
 65 5\$ 481,993
 65 6 363,987

Appropriation from the HCTA to the DPH to be used for State matching funds for the ARRA grant to develop a Statewide health information technology network.

DETAIL: This is no change compared to the current level of HCTA support.

65 7 16. To supplement the appropriation for medical assistance:
 65 8\$ 1,956,245
\$ 4,106,245

Appropriation from the HCTA to supplement the Medicaid Program.

DETAIL: This is an increase of \$2,150,000 compared to the estimated FY 2012 appropriation.

65 9 Notwithstanding section 8.39, subsection 1, without the
 65 10 prior written consent and approval of the governor and the
 65 11 director of the department of management, the director of human
 65 12 services may transfer funds among the appropriations made in
 65 13 this section as necessary to carry out the purposes of the
 65 14 account for health care transformation. The department shall
 65 15 report any transfers made pursuant to this section to the
 65 16 legislative services agency.

Allows the DHS to transfer funds among appropriations in this Section to carry out the purpose of the HCTA. The DHS is required to report any transfers to the LSA.

65 17 MEDICAID FRAUD FUND

65 18 Sec. 46. 2011 Iowa Acts, chapter 129, section 150, is
 65 19 amended to read as follows:
 65 20 SEC. 150. MEDICAID FRAUD ~~ACCOUNT FUND~~ — DEPARTMENT OF
 65 21 HUMAN SERVICES. There is appropriated from the Medicaid fraud
 65 22 ~~account fund~~ created in section 249A.7 to the department of
 65 23 human services for the fiscal year beginning July 1, 2012, and
 65 24 ending June 30, 2013, the following amount, or so much thereof
 65 25 as is necessary, to be used for the purposes designated:
 65 26 To supplement the appropriation made in this Act from the
 65 27 general fund of the state to the department of human services
 65 28 for medical assistance for the fiscal year beginning July 1,
 65 29 2012, and ending June 30, 2013:
 65 30 \$ 2,000,000

Appropriation from the Medicaid Fraud Fund to the Medicaid Program.
 DETAIL: This is a new appropriation for FY 2013.

65 31 QUALITY ASSURANCE TRUST FUND

65 32 Sec. 47. 2011 Iowa Acts, chapter 129, section 151, is
 65 33 amended to read as follows:
 65 34 SEC. 151. QUALITY ASSURANCE TRUST FUND — DEPARTMENT OF
 65 35 HUMAN SERVICES. Notwithstanding any provision to the contrary
 66 1 and subject to the availability of funds, there is appropriated
 66 2 from the quality assurance trust fund created in section
 66 3 249L.4 to the department of human services for the fiscal year
 66 4 beginning July 1, 2012, and ending June 30, 2013, the following
 66 5 amounts, or so much thereof as is necessary for the purposes
 66 6 designated:
 66 7 To supplement the appropriation made in this Act from the
 66 8 general fund of the state to the department of human services
 66 9 for medical assistance:
 66 10 \$ ~~29,000,000~~
 66 11 26,500,000

Appropriation from the Quality Assurance Trust Fund to supplement
 Nursing Facilities under the Medicaid Program.
 DETAIL: This is a decrease of \$2,500,000 compared to estimated FY
 2012. The reduction is due to less revenue available in the Fund.

66 12 HOSPITAL HEALTH CARE ACCESS TRUST FUND

66 13 Sec. 48. 2011 Iowa Acts, chapter 129, section 152, is
 66 14 amended to read as follows:
 66 15 SEC. 152. HOSPITAL HEALTH CARE ACCESS TRUST FUND —
 66 16 DEPARTMENT OF HUMAN SERVICES. Notwithstanding any provision to
 66 17 the contrary and subject to the availability of funds, there is
 66 18 appropriated from the hospital health care access trust fund
 66 19 created in section 249M.4 to the department of human services
 66 20 for the fiscal year beginning July 1, 2012, and ending June
 66 21 30, 2013, the following amounts, or so much thereof as is
 66 22 necessary, for the purposes designated:

66 23 1. To supplement the appropriation made in this Act from the
 66 24 general fund of the state to the department of human services
 66 25 for medical assistance:
 66 26 \$ 39,223,800
 66 27 33,898,400

Appropriation from the Hospital Health Care Access Trust Fund to the Medicaid Program.

DETAIL: This is a decrease of \$5,325,400 compared to estimated FY 2012. The reduction is due to less revenue available in the Fund.

66 28 2. For deposit in the nonparticipating provider
 66 29 reimbursement fund created in section 249J.24A to be used for
 66 30 the purposes of the fund:
 66 31 \$ 776,200
 66 32 801,600

Appropriation from the Hospital Health Care Access Trust Fund to the IowaCare Nonparticipating Provider Reimbursement Fund.

DETAIL: This is an increase of \$25,400 compared to estimated net FY 2012. These funds are matched with federal dollars for a \$2,000,000 appropriation from the IowaCare Account to providers, that are not part of the IowaCare network, that care for IowaCare patients.

66 33 MISCELLANEOUS PROVISIONS

66 34 Sec. 49. REPEAL. 2011 Iowa Acts, chapter 129, section 149,
 66 35 is repealed.

Repeals the FY 2013 appropriation of \$669,764 from the Medicaid Fraud Fund to the Department of Inspections and Appeals Assisted Living Inspections.

DETAIL: This appropriation is addressed in SF 2313 (Administration and Regulation Appropriations Act).

67 1 DIVISION VI
 67 2 CHILDREN'S HEALTH INSURANCE PROGRAM — CHILD ENROLLMENT
 67 3 CONTINGENCY FUND
 67 4 Sec. 50. CHILDREN'S HEALTH INSURANCE PROGRAM — CHILD
 67 5 ENROLLMENT CONTINGENCY FUND — DIRECTIVES FOR USE OF FUNDS —
 67 6 FY 2011-2012.

67 7 1. Moneys received from the federal government through
 67 8 the child enrollment contingency fund established pursuant
 67 9 to section 103 of the federal Children's Health Insurance
 67 10 Program Reauthorization Act of 2009, Pub.L. No.111-3, are
 67 11 appropriated to the department of human services for the fiscal
 67 12 year beginning July 1, 2011, and ending June 30, 2012, to be
 67 13 used in addition to any other amounts appropriated for the same
 67 14 purposes for the fiscal year as follows:

67 15 a. For adoption subsidy payments and services:
 67 16 \$ 2,177,355

CHIPRA Contingency Fund appropriation of \$2,177,355 to the Adoption Subsidy Program to cover projected funding needs in FY 2012.

DETAIL: This is a new appropriation for FY 2012.

<p>67 17 b. For child care programs: 67 18 \$ 1,212,432</p>	<p>CHIPRA Contingency Fund appropriation of \$1,212,432 to the Child Care Assistance Program to cover projected funding needs in FY 2012. DETAIL: This is a new appropriation for FY 2012.</p>
<p>67 19 c. For transfer to the department of public health to be 67 20 used for tobacco use prevention, cessation, and treatment 67 21 through support of Quitline Iowa: 67 22 \$ 350,000</p>	<p>CHIPRA Contingency Fund appropriation of \$350,000 to be transferred to the Department of Public Health to cover projected funding needs for Quitline Iowa in FY 2012. DETAIL: This is a new appropriation for FY 2012.</p>
<p>67 23 2. Notwithstanding section 8.39, and to the extent 67 24 that funds appropriated in this section are unexpended or 67 25 unobligated for the purposes specified in subsection 1, the 67 26 department of human services may transfer funds within or 67 27 between any of the appropriations made in this section for the 67 28 following purposes: 67 29 a. For adoption subsidy payments and services. 67 30 b. For child care assistance.</p>	<p>Allows the transfer of unexpended or unobligated funds between the the CCA and Adoption Programs.</p>
<p>67 31 Sec. 51. CHILDREN'S HEALTH INSURANCE PROGRAM — CHILD 67 32 ENROLLMENT CONTINGENCY FUND — DIRECTIVES FOR USE OF FUNDS — 67 33 FY 2012-2013.</p>	
<p>67 34 1. a. Moneys received from the federal government through 67 35 the child enrollment contingency fund established pursuant 68 1 to section 103 of the federal Children's Health Insurance 68 2 Program Reauthorization Act of 2009, Pub.L. No.111-3, are 68 3 appropriated to the department of human services for the fiscal 68 4 year beginning July 1, 2012, and ending June 30, 2013, to be 68 5 used in addition to any other amounts appropriated for the same 68 6 purposes for the fiscal year as follows:</p>	
<p>68 7 (1) For adoption subsidy payments and services: 68 8 \$ 5,290,441</p>	<p>CHIPRA Contingency Fund appropriation of \$5,290,441 to the Adoption Subsidy Program. DETAIL: This is a new appropriation for FY 2013.</p>
<p>68 9 (2) For child care programs: 68 10 \$ 7,969,021</p>	<p>CHIPRA Contingency Fund appropriation of \$7,969,021 to the Child Care Assistance Program. DETAIL: This is a new appropriation for FY 2013.</p>
<p>68 11 (3) For mental health and disability services redesign 68 12 technical assistance services: 68 13 \$ 500,000</p>	<p>Appropriates \$500,000 from the CHIPRA Contingency Fund for technical assistance for the mental health redesign efforts. DETAIL: This is a new appropriation for FY 2013.</p>

68 14 (4) For the field operations integrity claims unit:
 68 15 \$ 961,100

Appropriates \$961,100 from the CHIPRA Contingency Fund for an Integrated Claims Recovery Unit.

DETAIL: This is a new appropriation for FY 2013. The Unit is to support program integrity and provide ongoing cost savings through eliminating duplicate assistance and establishing overpayment claims for Medicaid, Food Assistance, and FIP.

68 16 (5) For medical assistance program reimbursement and
 68 17 associated costs:
 68 18 \$ 4,950,428

Appropriates \$4,950,428 from the CHIPRA Contingency Fund to the Medicaid Program.

DETAIL: This is a new appropriation for FY 2013.

68 19 (6) For lodging expenses associated with patient care
 68 20 provided at the university of Iowa hospital and clinics under
 68 21 chapter 249J:
 68 22 \$ 200,000

Appropriates \$200,000 from the CHIPRA Contingency Fund to DHS for lodging expenses for IowaCare members while patients are receiving treatment at the UIHC.

DETAIL: This is a new appropriation for FY 2013.

68 23 The department of human services shall establish the maximum
 68 24 number of overnight stays and the maximum rate reimbursed for
 68 25 overnight lodging, which may be based on the state employee
 68 26 rate established by the department of administrative services.
 68 27 The funds allocated under this subparagraph shall not be used
 68 28 as nonfederal share matching funds.

Requires the DHS to establish a maximum number of overnight stays and maximum rate for lodging and specifies that the funds can not be used as nonfederal share matching funds.

68 29 (7) For ambulance services associated with patient care
 68 30 provided under chapter 249J:
 68 31 \$ 200,000

Appropriates \$200,000 from the CHIPRA Contingency Fund to the DHS to provide ambulance services for IowaCare members.

DETAIL: This is a new appropriation for FY 2013.

68 32 The department of human services shall establish
 68 33 requirements for use of funds in this subparagraph for
 68 34 ambulance services when no other third-party payment is
 68 35 available. The funds allocated in this subparagraph shall not
 69 1 be used as nonfederal share matching funds.

Requires the DHS to use the funds appropriated for ambulance services when no other third-party funds are available and specifies that the funds can not be used as nonfederal share matching funds.

69 2 (8) For the public purpose of distribution to a statewide
 69 3 nonprofit organization consisting of low-income housing and
 69 4 homelessness service providers, advocates, local governments,
 69 5 lending institutions, and low-income and homeless individuals
 69 6 to be used to empower low-income individuals and to increase
 69 7 their access to affordable housing:
 69 8 \$ 100,000

Appropriates \$100,000 from the CHIPRA Contingency Fund to the DHS to be distributed to a statewide nonprofit organization that helps low-income homeless individuals.

69 9 b. Notwithstanding section 8.39, and to the extent that
 69 10 funds appropriated in this subsection are unexpended or
 69 11 unobligated for the purposes specified in paragraph "a",
 69 12 subparagraphs (1) and (2), for the fiscal year beginning July
 69 13 1, 2012, the department of human services may transfer funds
 69 14 within or between any of the appropriations made in this
 69 15 subsection for the following purposes:
 69 16 (1) For adoption subsidy payments and services.
 69 17 (2) For child care assistance.
 69 18 2. Moneys received from the federal government through
 69 19 the child enrollment contingency fund established pursuant
 69 20 to section 103 of the federal Children's Health Insurance
 69 21 Program Reauthorization Act of 2009, Pub.L. No.111-3, are
 69 22 appropriated to the department of human services for the fiscal
 69 23 year beginning July 1, 2012, and ending June 30, 2013, to be
 69 24 used for audit settlements:

69 25 \$ 2,405,936

Allows the transfer of unexpended or unobligated funds between the the CCA and Adoption Programs.

Appropriates \$2,405,936 from the CHIPRA Contingency Fund to audit costs associated with a United States Office of Inspector General audit findings.

DETAIL: This is a new appropriation for FY 2013.

69 26 Notwithstanding section 8.33, moneys appropriated in this
 69 27 subsection that remain unencumbered or unobligated at the close
 69 28 of the fiscal year shall not revert to any other fund but shall
 69 29 remain available for expenditure for the purposes designated
 69 30 until the close of the succeeding fiscal year.

Requires nonreversion of the funds appropriated for the audit settlements until the close of FY 2013.

69 31 Sec. 52. EFFECTIVE DATE PROVISIONS. The section of this
 69 32 division of this Act appropriating moneys received through the
 69 33 federal Child Enrollment Contingency Fund for the fiscal year
 69 34 beginning July 1, 2011, and ending June 30, 2012, being deemed
 69 35 of immediate importance, take effect upon enactment.

This Division is effective on enactment.

70 1 Sec. 53. RETROACTIVE APPLICABILITY. The section of this
 70 2 division of this Act appropriating moneys received through
 70 3 the federal Child Enrollment Contingency Fund for the fiscal
 70 4 year beginning July 1, 2011, and ending June 30, 2012, applies
 70 5 retroactively to July 1, 2011.

This Division is retroactive to July 1, 2011.

70 6 DIVISION VII
 70 7 MENTAL HEALTH AND DISABILITY SERVICES MEDICAL ASSISTANCE
 70 8 PROGRAM ADDITIONAL FUNDING

70 9 Sec. 54. RISK POOL APPROPRIATION FOR MEDICAL ASSISTANCE

Transfers all funds remaining in the Mental Health Risk Pool at the

70 10 PROGRAM. All moneys remaining in the risk pool of the property
 70 11 tax relief fund on June 30, 2012, following the distributions
 70 12 made pursuant to 2012 Iowa Acts, Senate File 2071, are
 70 13 appropriated to the department of human services for the fiscal
 70 14 year beginning July 1, 2012, and ending June 30, 2013, to be
 70 15 used for the purpose designated:
 70 16 To be credited to the appropriation made for the medical
 70 17 assistance program in 2011 Iowa Acts, chapter 129, section 122.

end of FY 2012 to the Medicaid Program to be used in FY 2013.

DETAIL: It is projected there will be a balance of \$4,736,918 available to transfer to Medicaid.

70 18 Sec. 55. MENTAL HEALTH AND DISABILITY SERVICES REDESIGN.
 70 19 There is appropriated from the general fund of the state to
 70 20 the department of human services for the fiscal year beginning
 70 21 July 1, 2012, and ending June 30, 2013, the following amount,
 70 22 or so much thereof as is necessary, to be used for the purposes
 70 23 designated:
 70 24 For the medical assistance program appropriation for the
 70 25 fiscal year for the expense of replacing the enhanced match
 70 26 rate provided through the federal American Recovery and
 70 27 Reinvestment Act of 2009 and for the reduction in the federal
 70 28 medical assistance percentage associated with the mental health
 70 29 and disabilities services for which the match has been paid by
 70 30 counties:
 70 31 \$ 24,893,762

General Fund appropriation for mental health redesign.

DETAIL: This is a new appropriation for FY 2012. The funds are to be used to replace the loss of ARRA and the reduction of the federal FMAP rate.

70 32 DIVISION VIII
 70 33 PRIOR APPROPRIATIONS AND RELATED CHANGES
 70 34 INJURED VETERANS GRANT PROGRAM

70 35 Sec. 56. 2008 Iowa Acts, chapter 1187, section 69,
 71 1 unnumbered paragraph 1, as amended by 2009 Iowa Acts, chapter
 71 2 182, section 83, 2010 Iowa Acts, chapter 1192, section 56, and
 71 3 2011 Iowa Acts, chapter 129, section 53, is amended to read as
 71 4 follows:
 71 5 Notwithstanding section 8.33, moneys appropriated in this
 71 6 subsection that remain unencumbered or unobligated at the close
 71 7 of the fiscal year shall not revert but shall remain available
 71 8 for expenditure for the purposes designated until the close of
 71 9 the fiscal year beginning July 1, ~~2014~~ 2012.

Permits carryforward of any remaining funding for the Injured Veterans Grant Program to FY 2013.

71 10 CHILD WELFARE DECATEGORIZATION
 71 11 FY 2009-2010 NONREVERSION

71 12 Sec. 57. 2009 Iowa Acts, chapter 182, section 14, subsection
 71 13 5, unnumbered paragraph 2, as enacted by 2011 Iowa Acts,
 71 14 chapter 129, section 55, is amended to read as follows:
 71 15 Notwithstanding section 232.188, subsection 5, moneys from
 71 16 the allocations made in this subsection or made from any other

Directs decategorization funds from FY 2011 that were transferred to the Iowa Finance Authority to be split between the Community Housing for Persons with Disabilities Revolving Loan Program Fund and PMIC supportive residential services infrastructure competitive Grand Program.

71 17 source for the decategorization of child welfare and juvenile
 71 18 justice funding initiative under section 232.188 for the fiscal
 71 19 year beginning July 1, 2009, that are designated as carryover
 71 20 funding that remain unencumbered or unobligated at the close
 71 21 of the fiscal year beginning July 1, 2010, shall not revert
 71 22 but shall be transferred ~~to~~ in equal amounts to the community
 71 23 housing and services for persons with disabilities revolving
 71 24 loan program fund created in section 16.185, as enacted by
 71 25 this division of this 2011 Act and to the supportive and
 71 26 residential services for individuals who meet the psychiatric
 71 27 medical institution for children level of care competitive
 71 28 grant program fund created in section 16.185A, as enacted by
 71 29 this 2012 Act.

DETAIL: An estimated \$2.8 million will be split evenly between the Competitive Grant Program and the Revolving Loan Program.

71 30 IOWA VETERANS HOME
 71 31 Sec. 58. 2011 Iowa Acts, chapter 129, section 3, subsection
 71 32 2, is amended by adding the following new paragraph:

71 33 NEW PARAGRAPH d. The funds appropriated in this subsection
 71 34 to the Iowa veterans home that remain available for expenditure
 71 35 for the succeeding fiscal year pursuant to section 35D.18,
 72 1 subsection 5, shall be distributed to be used in the succeeding
 72 2 fiscal year in accordance with this lettered paragraph. The
 72 3 first \$500,000 shall remain available to be used for the
 72 4 purposes of the Iowa veterans home. Any remaining balance
 72 5 shall be credited to the appropriation in this Act for the
 72 6 fiscal year beginning July 1, 2012, for medical assistance.

Specifies the Veterans Home retain the first \$500,000 of FY 2012 carryforward and transfers the remainder, estimated at \$3,209,490, to the Medicaid Program for FY 2013.

72 7 FAMILY INVESTMENT PROGRAM — GENERAL FUND

72 8 Sec. 59. 2011 Iowa Acts, chapter 129, section 7, is amended
 72 9 by adding the following new subsection:
 72 10 NEW SUBSECTION 5. Notwithstanding section 8.33, moneys
 72 11 appropriated in this section that remain unencumbered or
 72 12 unobligated at the close of the fiscal year shall not revert
 72 13 but shall remain available for expenditure for the purposes
 72 14 designated until the close of the succeeding fiscal year.

Allows the DHS to carryforward General Fund dollars appropriated for the FIP in FY 2012 to FY 2013.

72 15 MEDICAL ASSISTANCE

72 16 Sec. 60. 2011 Iowa Acts, chapter 129, section 10, subsection
 72 17 20, paragraph d, is amended to read as follows:
 72 18 d. If the savings to the medical assistance program exceed
 72 19 the cost, the department may transfer any savings generated
 72 20 for the fiscal year due to medical assistance program cost
 72 21 containment efforts initiated pursuant to 2010 Iowa Acts,
 72 22 chapter 1031, Executive Order No.20, issued December 16,

Allows the DHS to transfer savings from cost-containment activities under the Medicaid Program to Medical Contracts or General Administration to defray the increased costs of implementing those activities.

72 23 2009, or cost containment strategies initiated pursuant
 72 24 to this subsection, to the ~~appropriation~~ appropriations
 72 25 made in this division of this Act for medical contracts or
 72 26 general administration to defray the increased contract costs
 72 27 associated with implementing such efforts.

72 28 BEHAVIORAL HEALTH SERVICES ACCOUNT — MEDICAL ASSISTANCE

72 29 Sec. 61. 2011 Iowa Acts, chapter 129, section 10, is amended
 72 30 by adding the following new subsection:
 72 31 NEW SUBSECTION 26. Notwithstanding 2009 Iowa Acts,
 72 32 chapter 182, section 9, subsection 16, paragraph "b", as
 72 33 amended by 2010 Iowa Acts, chapter 1192, section 63, as amended
 72 34 by 2011 Iowa Acts, chapter 129, section 54, funds in the
 72 35 account that remain unencumbered or unobligated at the end of
 73 1 the fiscal year beginning July 1, 2011, are appropriated to
 73 2 the department of human services to be used for the medical
 73 3 assistance program for the succeeding fiscal year.

Requires funds from the Medicaid Behavioral Health Account to be carried forward and spent for the Medicaid Program in FY 2013.

DETAIL: It estimated that there will be \$1,000,000 available for the Medicaid Program.

73 4 STATE SUPPLEMENTARY ASSISTANCE

73 5 Sec. 62. 2011 Iowa Acts, chapter 129, section 11, is amended
 73 6 by adding the following new subsection:
 73 7 NEW SUBSECTION 4. Notwithstanding section 8.33, moneys
 73 8 appropriated in this section that remain unencumbered or
 73 9 unobligated at the close of the fiscal year shall not revert
 73 10 but shall remain available for expenditure for the purposes
 73 11 designated until the close of the succeeding fiscal year.

Allows DHS to carryforward General Fund dollars appropriated for the State Supplementary Assistance Program in FY 2012 to FY 2013.

73 12 FIELD OPERATIONS

73 13 Sec. 63. 2011 Iowa Acts, chapter 129, section 25, is amended
 73 14 by adding the following new unnumbered paragraph:

73 15 NEW UNNUMBERED PARAGRAPH Notwithstanding section 8.33,
 73 16 moneys appropriated in this section that remain unencumbered or
 73 17 unobligated at the close of the fiscal year shall not revert
 73 18 but shall remain available for expenditure for the purposes
 73 19 designated until the close of the succeeding fiscal year.

Requires nonreversion of appropriations to DHS Field Operations in FY 2012.

73 20 GENERAL ADMINISTRATION

73 21 Sec. 64. 2011 Iowa Acts, chapter 129, section 26, is amended
 73 22 by adding the following new subsection:

73 23 NEW SUBSECTION 6. Notwithstanding section 8.33, moneys
 73 24 appropriated in this section that remain unencumbered or
 73 25 unobligated at the close of the fiscal year shall not revert
 73 26 but shall remain available for expenditure for the purposes

Requires nonreversion of appropriations to DHS General Administration in FY 2012.

73 27 designated until the close of the succeeding fiscal year.

73 28 IOWACARE DISTRIBUTIONS

73 29 Sec. 65. 2011 Iowa Acts, chapter 129, section 35, subsection
73 30 4, paragraph a, is amended to read as follows:

73 31 a. Notwithstanding any provision of law to the contrary,
73 32 the amount appropriated in this subsection shall be distributed
73 33 based on claims submitted, adjudicated, and paid by the Iowa
73 34 Medicaid enterprise plus a monthly disproportionate share
73 35 hospital payment. Any amount appropriated in this subsection
74 1 in excess of ~~\$60,000,000~~ \$56,500,000 shall be distributed only
74 2 if the sum of the expansion population claims adjudicated
74 3 and paid by the Iowa Medicaid enterprise plus the estimated
74 4 disproportionate share hospital payments exceeds ~~\$60,000,000~~
74 5 \$56,500,000. The amount paid in excess of ~~\$60,000,000~~
74 6 \$56,500,000 shall not adjust the original monthly payment
74 7 amount but shall be distributed monthly based on actual claims
74 8 adjudicated and paid by the Iowa Medicaid enterprise plus
74 9 the estimated disproportionate share hospital amount. Any
74 10 amount appropriated in this subsection in excess of ~~\$60,000,000~~
74 11 \$56,500,000 shall be allocated only if federal funds are
74 12 available to match the amount allocated. Pursuant to paragraph
74 13 "b", of the amount appropriated in this subsection, not more
74 14 than \$4,000,000 shall be distributed for prescription drugs and
74 15 podiatry services.

74 16 Sec. 66. 2011 Iowa Acts, chapter 129, section 35, subsection
74 17 4, paragraph d, subparagraph (2), is amended to read as
74 18 follows:

74 19 (2) Notwithstanding the amount collected and distributed
74 20 for deposit in the IowaCare account pursuant to section
74 21 249J.24, subsection 4, paragraph "a", subparagraph (2),
74 22 the first \$19,000,000 in collections pursuant to section
74 23 347.7 between January 1, 2012, and June 30, 2012, shall be
74 24 distributed to the treasurer of state for deposit in the
74 25 IowaCare account and collections during this time period in
74 26 excess of \$19,000,000 shall be distributed to the acute care
74 27 teaching hospital identified in this subsection. ~~Of the~~
74 28 ~~collections in excess of the \$19,000,000 received by the acute~~
74 29 ~~care teaching hospital under this subparagraph (2), \$2,000,000~~
74 30 ~~shall be distributed by the acute care teaching hospital to the~~
74 31 ~~treasurer of state for deposit in the IowaCare account in the~~
74 32 ~~month of July 2012, following the January 1 through June 30,~~
74 33 ~~2012, period.~~

74 34 Sec. 67. IMMEDIATE EFFECTIVE DATE. This division of this

Reduces the Guaranteed appropriation for Broadlawns from
\$60,000,000 to \$56,500,000 for FY 2012.

DETAIL: Broadlawns is still eligible to receive up to \$65,000,000 in FY
2012 but they have to provide claims data to support any funds in
excess of \$56,500,000.

Eliminates the second \$2,000,000 transfer from Broadlawns to the
State for the IowaCare Program.

DETAIL: Broadlawns and Polk County will still transfer a total of
\$40,000,000 for FY 2012 to supplement Program expenditures.

This Division is effective on enactment.

74 35 Act, being deemed of immediate importance, takes effect upon
75 1 enactment.

75 2 Sec. 68. RETROACTIVE APPLICABILITY. The following sections
75 3 of this division of this Act apply retroactively to July 1,
75 4 2011:

75 5 1. The section relating to the transfer of funds from costs
75 6 savings under the medical assistance program to appropriations
75 7 for medical contracts or general administration for the fiscal
75 8 year beginning July 1, 2011, and ending June 30, 2012.

75 9 2. The section relating to the nonreversion of
75 10 decategorization of child welfare and juvenile justice funds.

75 11 3. The section relating to the distribution of IowaCare
75 12 program funds.

75 13 DIVISION IX
75 14 MISCELLANEOUS

75 15 Sec. 69. NEW SECTION 8A.441 MEDICATION THERAPY MANAGEMENT.

75 16 1. As used in this section, unless the context otherwise
75 17 requires:

75 18 a. "Eligible employee" means an employee of the state, with
75 19 the exception of an employee of the state board of regents or
75 20 institutions under the state board of regents, for whom group
75 21 health plans are established pursuant to chapter 509A providing
75 22 for third-party payment or prepayment for health or medical
75 23 expenses.

75 24 b. "Medication therapy management" means a systematic
75 25 process performed by a licensed pharmacist, designed to improve
75 26 quality outcomes for patients and lower health care costs,
75 27 including emergency room, hospital, provider, and other costs,
75 28 by optimizing appropriate medication use linked directly to
75 29 achievement of the clinical goals of therapy. Medication
75 30 therapy management shall include all of the following services:

75 31 (1) A medication therapy review and in-person consultation
75 32 relating to all medications, vitamins, and herbal supplements
75 33 currently being taken by an eligible individual.

75 34 (2) A medication action plan, subject to the limitations
75 35 specified in this section, communicated to the individual and
76 1 the individual's primary care physician or other appropriate
76 2 prescriber to address issues including appropriateness,
76 3 effectiveness, safety, drug interactions, and adherence. The
76 4 medication action plan may include drug therapy recommendations
76 5 to prescribers that are needed to meet clinical goals and
76 6 achieve optimal patient outcomes.

76 7 (3) Documentation and follow-up to ensure consistent levels

Specifies that the Sections related to Medicaid and Child Welfare decategorization funding are retroactive to July 1, 2011.

CODE: Establishes the Medication Therapy Management (MTM) Program for State employees, except for employees of the Board of Regents. Defines medication therapy management as a systematic process performed by a licensed pharmacist, designed to optimize therapeutic outcomes through improved medication use and reduced risk of adverse drug events including:

- A review of all medications, vitamins, and supplements being taken by an eligible individual.
- A medication action plan communicated to the individual and the individual's primary health physician. The action plan may include recommendations to the prescriber for drug therapy.
- Documentation and follow-up to ensure consistent levels of pharmacy services and positive outcomes.

DETAIL: An MTM pilot project was implemented in FY 2011. The DAS entered into a contract with a private vendor to implement the requirements of the legislation in July 2010. The vendor provided periodic updates throughout the fiscal year detailing the activity of the Program.

FISCAL IMPACT: At the end of FY 2011, the results reported by the vendor to the DAS indicated a total estimated cost avoidance of \$3,914,000 to the State. The DAS stated that the cost avoidance estimate reported by the vendor could not be validated nor disputed. It is possible that the establishment of the Program on a permanent basis would, at least initially, yield similar results in terms of cost avoidance.

76 8 of pharmacy services and positive outcomes.
 76 9 2. a. The department shall utilize a request for proposals
 76 10 process and shall enter into a contract for the provision of
 76 11 medication therapy management services for eligible employees
 76 12 who meet any of the following criteria:

76 13 (1) An individual who takes four or more prescription drugs
 76 14 to treat or prevent two or more chronic medical conditions.

76 15 (2) An individual with a prescription drug therapy problem
 76 16 who is identified by the prescribing physician or other
 76 17 appropriate prescriber, and referred to a pharmacist for
 76 18 medication therapy management services.

76 19 (3) An individual who meets other criteria established by
 76 20 the third-party payment provider contract, policy, or plan.

76 21 b. The contract shall require the entity to provide annual
 76 22 reports to the general assembly detailing the costs, savings,
 76 23 estimated cost avoidance and return on investment, and improved
 76 24 patient outcomes related to the medication therapy management
 76 25 services provided. The entity shall guarantee demonstrated
 76 26 annual savings for overall health care costs, including
 76 27 emergency room, hospital, provider, and other costs, with
 76 28 savings including associated cost avoidance, at least equal
 76 29 to the program's costs with any shortfall amount refunded to
 76 30 the state. The contract shall include terms, conditions,
 76 31 and applicable measurement standards associated with the
 76 32 demonstration of savings. The department shall verify the
 76 33 demonstrated savings reported by the entity were achieved in
 76 34 accordance with the agreed upon measurement standards. The
 76 35 entity shall be prohibited from using the entity's employees to
 77 1 provide the medication therapy management services and shall
 77 2 instead be required to contract with licensed pharmacies,
 77 3 pharmacists, or physicians.

77 4 c. The department may establish an advisory committee
 77 5 comprised of an equal number of physicians and pharmacists
 77 6 to provide advice and oversight in evaluating the results of
 77 7 the program. The department shall appoint the members of the
 77 8 advisory committee based upon designees of the Iowa pharmacy
 77 9 association, the Iowa medical society, and the Iowa osteopathic
 77 10 medical association.

77 11 d. The fees for pharmacist-delivered medication therapy
 77 12 management services shall be separate from the reimbursement
 77 13 for prescription drug product or dispensing services; shall
 77 14 be determined by each third-party payment provider contract,
 77 15 policy, or plan; and must be reasonable based on the resources

NOTE: Senate File 2313 (Administration and Regulation Appropriations Bill) makes a contingent transfer of \$510,000 from the fees collected by the Board of Pharmacy, to the DAS, for the MTM Program. The transfer is contingent on enactment of legislation authorizing the Program during the 2012 Legislative Session.

CODE: Requires the DAS to enter into a contract for MTM services for employees that meet certain eligibility criteria.

CODE: Requires the contractor that administers the Program to provide annual reports to the General Assembly concerning costs, savings, estimated cost avoidance, and return on investment. Requires the contractor to guarantee an annual savings associated with cost avoidance that is at least equal to the Program's cost. Any shortfall between the calculated cost avoidance and the Program's cost is to be refunded to the State. Requires the DAS to verify that the demonstrated savings reported by the contractor were achieved.

Permits the DAS to form an advisory committee comprised of physicians and pharmacists to provide advice and oversight regarding the request for proposals and the program evaluation process.

Specifies that the fees for pharmacist-related MTM services be separate from the reimbursement for pharmacy-related services. Requires the fees to be reasonable and to be determined by each third-party payment provider contract.

77 16 and time required to provide the service.

77 17 e. A fee shall be established for physician reimbursement
77 18 for services delivered for medication therapy management as
77 19 determined by each third-party payment provider contract,
77 20 policy, or plan, and must be reasonable based on the resources
77 21 and time required to provide the service.

Specifies that the fees for physician-related MTM services to be reasonable and to be determined by each third-party payment provider contract.

77 22 f. If any part of the medication therapy management
77 23 plan developed by a pharmacist incorporates services which
77 24 are outside the pharmacist's independent scope of practice
77 25 including the initiation of therapy, modification of dosages,
77 26 therapeutic interchange, or changes in drug therapy, the
77 27 express authorization of the individual's physician or other
77 28 appropriate prescriber is required.

Specifies that if any part of the MTM plan developed by a pharmacist incorporates services outside the pharmacist's scope of practice, authorization of an individual's physician is required.

77 29 Sec. 70.NEW SECTION 16.185A SUPPORTIVE AND RESIDENTIAL
77 30 SERVICES FOR INDIVIDUALS WHO MEET THE PSYCHIATRIC MEDICAL
77 31 INSTITUTION FOR CHILDREN LEVEL OF CARE — COMPETITIVE GRANT
77 32 PROGRAM FUND.

Creates a competitive grant program for PMICs to construct supportive housing or infrastructure. The Program is to be administered by the Iowa Finance Authority.

77 33 1. A supportive and residential services competitive
77 34 grant program fund is created within the authority to further
77 35 the availability of supportive and residential services for
78 1 individuals who meet the psychiatric medical institution for
78 2 children level of care under the medical assistance program.
78 3 The moneys in the fund are appropriated to the authority to be
78 4 used for the development and operation of a competitive grant
78 5 program to provide financing to construct supportive housing
78 6 or develop the infrastructure in which to provide supportive
78 7 services, including through new construction, acquisition
78 8 and rehabilitation of existing housing or infrastructure, or
78 9 conversion or adaptive reuse.
78 10 2. Moneys transferred by the authority for deposit in the
78 11 competitive grant program fund, moneys appropriated to the
78 12 competitive grant program, and any other moneys available to
78 13 and obtained or accepted by the authority for placement in the
78 14 fund shall be credited to the fund. Additionally, payment of
78 15 interest, recaptures of awards, and other repayments to the
78 16 fund shall be credited to the fund. Notwithstanding section
78 17 12C.7, subsection 2, interest or earnings on moneys in the fund
78 18 shall be credited to the fund. Notwithstanding section 8.33,
78 19 moneys credited to the fund from any other fund that remain
78 20 unencumbered or unobligated at the close of the fiscal year
78 21 shall not revert to the other fund.
78 22 3. The authority shall allocate moneys in the fund to the
78 23 extent available for the development of supportive housing or

DETAIL: This is a new grant program for FY 2013. There will be \$1,400,000 available for the program from Child Welfare FY 2011 decategorization funding.

78 24 the infrastructure in which to provide supportive services for
 78 25 individuals who meet the psychiatric medical institution for
 78 26 children level of care under the medical assistance program.
 78 27 Moneys allocated to such projects shall be in the form of
 78 28 competitive grants. An application submitted shall contain a
 78 29 commitment of at least a dollar-for-dollar match of the grant
 78 30 assistance.

78 31 4. a. A project shall demonstrate written approval of the
 78 32 project by the department of human services to the authority
 78 33 prior to application for funding under this section.

78 34 b. In order to be approved by the department of human
 78 35 services for application for funding under this section, a
 79 1 project shall include all of the following components:

79 2 (1) Provision of services to individuals who meet the
 79 3 psychiatric medical institution for children level of care
 79 4 under the medical assistance program.

79 5 (2) Policies and procedures that prohibit discharge of the
 79 6 individual from the services provided by the project provider
 79 7 unless an alternative placement that is acceptable to the
 79 8 client or the client's guardian is identified.

79 9 5. Housing provided through a project under this section is
 79 10 exempt from the requirements of chapter 135O.

79 11 6. The authority, in collaboration with the department of
 79 12 human services, shall adopt rules pursuant to chapter 17A to
 79 13 administer this section.

79 14 Sec. 71. Section 97B.39, Code 2011, is amended to read as
 79 15 follows:

79 16 97B.39 RIGHTS NOT TRANSFERABLE OR SUBJECT TO LEGAL PROCESS
 79 17 — EXCEPTIONS.

79 18 The right of any person to any future payment under this
 79 19 chapter is not transferable or assignable, at law or in
 79 20 equity, and the moneys paid or payable or rights existing
 79 21 under this chapter are not subject to execution, levy,
 79 22 attachment, garnishment, or other legal process, or to the
 79 23 operation of any bankruptcy or insolvency law except for the
 79 24 purposes of enforcing child, spousal, or medical support
 79 25 obligations or marital property orders, or for recovery of
 79 26 medical assistance payments pursuant to section 249A.5. For
 79 27 the purposes of enforcing child, spousal, or medical support
 79 28 obligations, the garnishment or attachment of or the execution
 79 29 against compensation due a person under this chapter shall
 79 30 not exceed the amount specified in 15 U.S.C. §1673(b).
 79 31 The system shall comply with the provisions of a marital
 79 32 property order requiring the selection of a particular benefit
 79 33 option, designated beneficiary, or contingent annuitant if

Requires the Iowa Public Employee Retirement System (IPERS) to notify the DHS prior to releasing funds to heirs and benefactors of deceased Medicaid members in order for Medicaid to recover funds spent on the persons behalf.

DETAIL: This change is estimated to save the General Fund \$780,000 in FY 2013.

79 34 the selection is otherwise authorized by this chapter and
 79 35 the member has not received payment of the member's first
 80 1 retirement allowance. However, a marital property order shall
 80 2 not require the payment of benefits to an alternative payee
 80 3 prior to the member's retirement, prior to the date the member
 80 4 elects to receive a lump sum distribution of accumulated
 80 5 contributions pursuant to section 97B.53, or in an amount that
 80 6 exceeds the benefits the member would otherwise be eligible to
 80 7 receive pursuant to this chapter.

80 8 Sec. 72. Section 135.11, Code Supplement 2011, is amended by
 80 9 adding the following new subsection:

80 10 NEW SUBSECTION 31. Administer a public awareness program
 80 11 for human papillomavirus infection vaccination by identifying
 80 12 medically accurate materials that contain information regarding
 80 13 the risks associated with the various forms of the infection
 80 14 in causing cervical cancer, and any other diseases for which
 80 15 the department may recommend immunization or immunization
 80 16 information, and the availability, effectiveness, and potential
 80 17 risks of those vaccines. The department shall make the
 80 18 identified materials available on the department's internet
 80 19 site, provide education and training to health professionals
 80 20 and the general public regarding the vaccines, and notify
 80 21 each school district in the state of the availability of the
 80 22 information. For the purposes of this subsection, "human
 80 23 papillomavirus" means the group of viruses identified by the
 80 24 centers for disease control and prevention of the United States
 80 25 department of health and human services.

80 26 Sec. 73. Section 135H.10, subsection 3, Code 2011, is
 80 27 amended by striking the subsection.

80 28 Sec. 74. Section 144D.4, as enacted by 2012 Iowa Acts, House
 80 29 File 2165, section 5, is amended by adding the following new
 80 30 subsection:

80 31 NEW SUBSECTION 10. A POST form executed between July 1,
 80 32 2008, and June 30, 2012, as part of the patient autonomy in
 80 33 health care decisions pilot project created pursuant to 2008
 80 34 Iowa Acts, chapter 1188, section 36, as amended by 2010 Iowa
 80 35 Acts, chapter 1192, section 58, shall remain effective until
 81 1 revoked or until a new POST form is executed pursuant to this
 81 2 chapter.

81 3 Sec. 75. Section 225B.8, Code Supplement 2011, is amended
 81 4 to read as follows:

81 5 225B.8 REPEAL.

81 6 This chapter is repealed July 1, ~~2012~~ 2017.

CODE: Adds the administration of of a public awareness program for human papillomavirus (HPV) infection vaccination to the duties of the DPH.

CODE: Strikes Iowa Code language stating that the DHS is not to include services provided by psychiatric medical institutions for children in any managed care contract.

CODE: States that Physicians Orders for Scope of Treatment (POST) forms executed between July 1, 2008, and June 30, 2012, as part of the patient autonomy in health care decisions pilot project will remain effective until revoked or a new POST form is executed pursuant to 2012 Iowa Acts, HF 2165.

Extends the repeal of the Prevention and Disabilities Council from July 1, 2012, to July 1, 2017.

<p>81 7 Sec. 76.NEW SECTION 231.45 CERTIFIED VOLUNTEER LONG-TERM 81 8 CARE RESIDENT'S ADVOCATE PROGRAM. 81 9 1. The department shall establish a certified volunteer 81 10 long-term care resident's advocate program in accordance with 81 11 the federal Act to provide assistance to the state and local 81 12 long-term care resident's advocates. 81 13 2. The department shall develop and implement a 81 14 certification process for volunteer long-term care resident's 81 15 advocates including but not limited to an application process, 81 16 provision for background checks, classroom or on-site training, 81 17 orientation, and continuing education. 81 18 3. The provisions of section 231.42 relating to local 81 19 long-term care resident's advocates shall apply to certified 81 20 volunteer long-term care resident's advocates. 81 21 4. The department shall adopt rules pursuant to chapter 17A 81 22 to administer this section.</p>	<p>Requires the Department on Aging to create a Certified Volunteer Long-Term Care Resident's Advocate Program.</p> <p>DETAIL: This is a new Program for FY 2013.</p>
<p>81 23 Sec. 77. Section 237.3, Code 2011, is amended by adding the 81 24 following new subsection: 81 25 NEW SUBSECTION 11. The department shall adopt rules to 81 26 administer a certified foster care respite provider program 81 27 to provide respite in a licensed foster home. The certified 81 28 respite provider program shall provide care, supervision, 81 29 or guidance of a foster child when the child is placed with 81 30 a licensed foster home. The certified foster care respite 81 31 provider shall be responsible to have liability insurance to 81 32 provide for any loss or damage arising out of occurrences 81 33 during the provision of certified foster care respite provider 81 34 care.</p>	<p>CODE: Directs the Department of Human Services to administer a certified foster care respite provider program to provide respite in a licensed foster home.</p>
<p>81 35 Sec. 78. Section 237.13, subsection 4, Code 2011, is amended 82 1 by adding the following new paragraph: 82 2 NEW PARAGRAPH h. Any loss or damage arising out of 82 3 occurrences during the provision of certified foster care 82 4 respite provider care pursuant to section 237.3, subsection 11.</p>	<p>CODE: States that the Foster Home Insurance Fund is not liable for any loss or damage arising out of occurrences during the provision of certified foster care respite provider care.</p>
<p>82 5 Sec. 79.NEW SECTION 239B.2C ABSENCE FROM HOME ——— 82 6 INCARCERATION. 82 7 An individual family member who is absent from the home for 82 8 more than three months because the individual is incarcerated 82 9 in jail or a correctional facility shall not be included in the 82 10 family unit for purposes of assistance.</p>	<p>CODE: Specifies that an individual family member that is absent for the home for more than 3 months because they are incarcerated shall not be included in the family unit for purposes of assistance.</p>
<p>82 11 Sec. 80.NEW SECTION 249A.17 REIMBURSEMENT FOR PROVIDERS 82 12 OF OUTPATIENT CLINICAL SERVICES FOR CHILDREN. 82 13 1. Providers that meet the criteria specified in subsection</p>	<p>CODE: Permits providers that meet the criteria to be reimbursed at 100.00% of reasonable costs for outpatient clinical services for children under the Medicaid Program.</p>

82 14 2, shall receive cost-based reimbursement for one hundred
 82 15 percent of the reasonable costs, as determined by Medicare
 82 16 reimbursement principles, for provision of outpatient clinical
 82 17 services for children who are recipients of medical assistance.

82 18 2. In order to be eligible for reimbursement under this
 82 19 section, a provider shall be an accredited, nonprofit agency
 82 20 that meets all of the following criteria:

82 21 a. Provides clinical outpatient services to children of whom
 82 22 at least sixty percent are recipients of medical assistance.

82 23 b. Provides at least three children's mental health services
 82 24 including inpatient services, outpatient services, psychiatric
 82 25 and psychological services, and behavioral health intervention
 82 26 services.

82 27 c. Directly employs a psychiatrist, psychologist, and
 82 28 licensed therapist.

82 29 Sec. 81. Section 453A.35, Code Supplement 2011, is amended
 82 30 to read as follows:

82 31 453A.35 TAX AND FEES PAID TO ~~GENERAL FUND~~ ~~STANDING~~
 82 32 ~~APPROPRIATION TO~~ HEALTH CARE TRUST FUND.

82 33 1. ~~a. With the exception of revenues credited to the health~~
 82 34 ~~care trust fund pursuant to paragraph "b", the~~ The proceeds
 82 35 derived from the sale of stamps and the payment of taxes, fees,
 83 1 and penalties provided for under this chapter, and the permit
 83 2 fees received from all permits issued by the department, shall
 83 3 be credited to the ~~general fund of the state.~~

83 4 ~~b. Of the revenues generated from the tax on cigarettes~~
 83 5 ~~pursuant to section 453A.6, subsection 1, and from the tax on~~
 83 6 ~~tobacco products as specified in section 453A.43, subsections~~
 83 7 ~~1, 2, 3, and 4, the first one hundred six million sixteen~~
 83 8 ~~thousand four hundred dollars shall be credited to the health~~
 83 9 ~~care trust fund created in section 453A.35A.~~

83 10 2. All permit fees provided for in this chapter and
 83 11 collected by cities in the issuance of permits granted by the
 83 12 cities shall be paid to the treasurer of the city where the
 83 13 permit is effective, or to another city officer as designated
 83 14 by the council, and credited to the general fund of the city.
 83 15 Permit fees so collected by counties shall be paid to the
 83 16 county treasurer.

83 17 Sec. 82. Section 453A.35A, subsection 1, Code Supplement
 83 18 2011, is amended to read as follows:

83 19 1. A health care trust fund is created in the office of
 83 20 the treasurer of state. The fund consists of the revenues
 83 21 ~~generated from the tax on cigarettes pursuant to section~~
 83 22 ~~453A.6, subsection 1, and from the tax on tobacco products~~

CODE: Transfers an additional \$109,600,000 to the Health Care Trust Fund from tobacco taxes based on the March Revenue Estimating Conference (REC) estimate.

DETAIL: This is a reduction of \$3,600,000 compared to the December REC estimate of \$113,200,000. The total tobacco taxes estimated to transfer to the HCTF for FY 2013 is \$215,600,000.

CODE: Transfers an additional \$109,600,000 to the Health Care Trust Fund from tobacco taxes based on the March Revenue Estimating Conference (REC) estimate.

DETAIL: This is a reduction of \$3,600,000 compared to the December REC estimate of \$113,200,000. The total tobacco taxes estimated to

83 23 as specified in section 453A.43, subsections 1, 2, 3, and 4,
 83 24 ~~that are credited to the health care trust fund, annually,~~
 83 25 ~~pursuant to section 453A.35 derived from the sale of stamps~~
 83 26 ~~and the payment of taxes, fees, and penalties provided for~~
 83 27 ~~under this chapter, and the permit fees received from all~~
 83 28 ~~permits issued by the department.~~ Moneys in the fund shall be
 83 29 separate from the general fund of the state and shall not be
 83 30 considered part of the general fund of the state. However, the
 83 31 fund shall be considered a special account for the purposes
 83 32 of section 8.53 relating to generally accepted accounting
 83 33 principles. Moneys in the fund shall be used only as specified
 83 34 in this section and shall be appropriated only for the uses
 83 35 specified. Moneys in the fund are not subject to section 8.33
 84 1 and shall not be transferred, used, obligated, appropriated,
 84 2 or otherwise encumbered, except as provided in this section.
 84 3 Notwithstanding section 12C.7, subsection 2, interest or
 84 4 earnings on moneys deposited in the fund shall be credited to
 84 5 the fund.

transfer to the HCTF for FY 2013 is \$215,600,000.

84 6 Sec. 83. COST-BASED REIMBURSEMENT — PROVIDERS OF
 84 7 CHILDREN'S OUTPATIENT CLINICAL SERVICES.

Requires the DHS to seek federal approval to amend the state plan amendment and the managed care contract to reimburse outpatient clinical services at 100.00% of reasonable costs.

84 8 1. The department of human services shall seek federal
 84 9 approval to amend the medical assistance program state plan
 84 10 and shall amend the contract with the department's managed
 84 11 care contractor for behavioral health services under the
 84 12 medical assistance program to provide medical assistance
 84 13 reimbursement to providers that meet the criteria specified in
 84 14 section 249A.17, as enacted in this division of this Act, at
 84 15 100 percent of the reasonable costs for recipients of medical
 84 16 assistance for outpatient clinical services for children.

DETAIL: Implementation of this Section is contingent upon federal approval and limited to funding provided.

84 17 2. Implementation of section 249A.17, as enacted in this
 84 18 division of this Act, is contingent upon receipt of federal
 84 19 approval and limited to the funding made available through
 84 20 amending the contract with the managed care contractor.

84 21 3. The department shall adopt rules pursuant to chapter
 84 22 17A to provide reimbursement for outpatient clinical services
 84 23 for children as described in this section. The rules shall
 84 24 provide that reimbursement shall initially be paid on an
 84 25 interim basis and subsequently adjusted retroactively based on
 84 26 submission of financial and statistical reports as required by
 84 27 the department.

84 28 Sec. 84. EFFECTIVE UPON ENACTMENT. The section of this
 84 29 division of this Act enacting section 8A.441, being deemed of
 84 30 immediate importance, takes effect upon enactment.

The Sections relating to the MTM Program are effective on enactment.

84 31 DIVISION X
84 32 DIRECT CARE PROFESSIONALS

84 33 Sec. 85.NEW SECTION 152F.1 DEFINITIONS.

84 34 As used in this chapter, unless the context otherwise

84 35 requires:

85 1 1. "Board" means the board of direct care professionals
85 2 created under chapter 147.

85 3 2. "Community living professional" means a direct care
85 4 associate who has completed advanced training and is certified
85 5 to provide home and community living, instrumental activities
85 6 of daily living, and personal support services.

85 7 3. "Direct care associate" means an individual who has
85 8 completed core training and is certified to provide direct care
85 9 services in the state.

85 10 4. "Direct care instructor" means an individual approved
85 11 by the board to provide direct care instruction to direct care
85 12 professionals.

85 13 5. "Direct care professional" means an individual who
85 14 provides direct care services for compensation and is a direct
85 15 care associate, a community living professional, a health
85 16 support professional, or a personal support professional.

85 17 6. "Direct care services" means the services provided to
85 18 individuals who are ill or individuals with disabilities as
85 19 specified in the individual's service plan or in documented
85 20 goals, including but not limited to home and community living
85 21 services, instrumental activities of daily living services,
85 22 personal activities of daily living services, personal support
85 23 services, and health monitoring and maintenance services.

85 24 7. "Direct care trainer" means a direct care instructor who
85 25 is approved by the board to train instructors.

85 26 8. "Health monitoring and maintenance services" means
85 27 medically-oriented services that assist an individual in
85 28 maintaining the individual's health including measuring intake
85 29 and output; providing catheter and ostomy care; collecting
85 30 specimens; checking vital signs, including temperature, pulse,
85 31 respiration, and blood pressure; measuring height and weight;
85 32 performing range of motion exercises; providing assistance with
85 33 urinary care; and application of thrombo embolic deterrent hose
85 34 or hot and cold packs.

85 35 9. "Health support professional" means a direct care
86 1 associate who has completed advanced training and is certified
86 2 to provide personal activities of daily living and health
86 3 monitoring and maintenance services or a direct care associate
86 4 who has met the federal nurse aide requirements pursuant to 42
86 5 C.F.R. § 483.152.

CODE: Establishes the Board of Direct Care Professionals in the DPH and includes the following provisions:

- Definitions.
- Describes the circumstances when certification is required.
- Outlines the duties of the Board.
- Outlines the requirements to obtain certification and renewal.
- Authorizes the collection of fees and expenditure of funds.
- Authorizes rulemaking.
- Allows the Department of Inspection and Appeals to conduct inspections and investigations.
- Outlines transition processes for current practitioners.
- Directs that the Board Members be appointed no later than December 15, 2012.
- Limits the DPH's indirect service charge to 15.00%.
- Notes that it is the intent of the General Assembly that the Board be self-sufficient by January 1, 2017.
- Sets various implementation dates and states that this Division is effective on enactment.

86 6 10. "Home and community living services" means services to
86 7 enhance or maintain independence of individuals including such
86 8 activities as helping individuals develop and meet personal
86 9 goals, providing direct physical and emotional support and
86 10 assistance for persons with disabilities, utilizing crisis
86 11 intervention and positive behavior supports, and using and
86 12 following individual support plans.

86 13 11. "Instrumental activities of daily living services" means
86 14 services provided to assist individuals with daily living tasks
86 15 to allow them to function independently in a home or community
86 16 setting, including but not limited to assistance with managing
86 17 money, transportation, light housekeeping, and shopping and
86 18 cooking.

86 19 12. "Personal activities of daily living services" means
86 20 services to assist individuals in meeting basic needs,
86 21 including but not limited to bathing, back rubs, and skin care;
86 22 grooming activities; assistance with dressing and undressing;
86 23 assistance with eating and feeding; assistance with toileting;
86 24 and assistance with mobility, including transfers, walking, and
86 25 turning in bed.

86 26 13. "Personal support professional" means a direct care
86 27 associate who has completed advanced training and is certified
86 28 to provide instrumental activities of daily living, personal
86 29 activities of daily living, and personal support services.

86 30 14. "Personal support services" means support services
86 31 provided to an individual as the individual performs personal
86 32 activities of daily living including but not limited to
86 33 coaching and prompting, and teaching skills and behaviors.

86 34 15. "Service plan" means a written, consumer-centered,
86 35 outcome-based plan of services.

87 1 16. "Specialty endorsement" means an advanced level of
87 2 certification based on requirements developed by experts in a
87 3 particular discipline or professional area and approved by the
87 4 board.

87 5 Sec. 86.NEW SECTION 152F.2 CERTIFICATION REQUIRED —
87 6 EXCEPTIONS — USE OF TITLE.

87 7 1. Unless otherwise exempt under section 152F.4, beginning
87 8 January 1, 2014, an individual shall not provide direct care
87 9 services in this state without being certified as a direct care
87 10 associate.

87 11 2. An individual who is not certified pursuant to this
87 12 chapter shall not use words or titles which imply or represent
87 13 that the individual is certified as a direct care professional
87 14 under this chapter.

87 15 3. A direct care associate shall not act as or represent
87 16 that the individual is a direct care professional with advanced

87 17 training certification or a specialty endorsement, unless the
87 18 direct care associate is first certified at the appropriate
87 19 level of certification under this chapter.

87 20 4. Notwithstanding any provision to the contrary, an
87 21 individual who completes advanced training or meets the
87 22 requirements for a specialty endorsement is not required to
87 23 be certified at that level if the individual does not act as
87 24 or represent that the individual is certified at that level.

87 25 Section 147.83 does not apply to a direct care associate who
87 26 is not certified as a direct care professional with advanced
87 27 training certification or a specialty endorsement if the direct
87 28 care associate does not act as or represent that the individual
87 29 is certified at that level.

87 30 Sec. 87.NEW SECTION 152F.3 REQUIREMENTS TO OBTAIN
87 31 CERTIFICATION — RENEWAL — CONTINUING EDUCATION —
87 32 RECIPROCAL

87 33 applicant for certification as a direct care associate
87 34 shall present evidence satisfactory to the board that the
87 35 applicant meets all of the following requirements:

88 1 a. The applicant has successfully completed the required
88 2 education for the certification from a board-approved direct
88 3 care instructor or direct care trainer.

88 4 b. The applicant has paid all fees required by the board.

88 5 c. The applicant certifies that the applicant will conduct
88 6 all professional activities in accordance with standards for
88 7 professional conduct established by the board.

88 8 2. An applicant for certification as a direct care
88 9 professional with advanced training or a specialty endorsement
88 10 shall present evidence satisfactory to the board that the
88 11 applicant meets all of the following requirements:

88 12 a. The applicant has successfully completed the required
88 13 education for the certification from a board-approved direct
88 14 care instructor or direct care trainer.

88 15 b. The applicant has paid all fees required by the board.

88 16 c. The applicant has passed a state examination approved by
88 17 the board.

88 18 d. The applicant certifies that the applicant will conduct
88 19 all professional activities in accordance with standards for
88 20 professional conduct established by the board.

88 21 3. An individual shall renew the individual's certification
88 22 biennially. Prior to such renewal, the individual shall
88 23 present evidence that the individual has satisfied continuing
88 24 education requirements and shall pay a renewal fee as
88 25 determined by the board.

88 26 4. The board shall issue the appropriate certification to an
88 27 applicant who demonstrates experience in direct care services
88 28 in another state and meets the requirements established by the

88 28 board for the specific certification.

88 29 Sec. 88.NEW SECTION 152F.4 SCOPE OF CHAPTER.

88 30 1. The provisions of this chapter do not apply to any of the

88 31 following:

88 32 a. An individual who is providing direct care services

88 33 and is governed by a collective bargaining agreement in place

88 34 before July 1, 2017, until the expiration of such agreement.

88 35 b. An individual providing direct care services to a family

89 1 member.

89 2 c. An individual otherwise licensed who is operating within

89 3 the scope of that license and who does not represent to the

89 4 public that the individual is a direct care professional.

89 5 2. This chapter shall not be interpreted to preclude

89 6 an individual who provides direct care services but is not

89 7 otherwise required to be certified under this chapter from

89 8 being certified under this chapter on a voluntary basis.

89 9 Sec. 89.NEW SECTION 152F.5 DUTIES OF THE BOARD.

89 10 The board shall do all of the following:

89 11 1. Adopt rules consistent with this chapter, chapter

89 12 147, chapter 272, and the recommendations of the direct care

89 13 worker advisory council established pursuant to 2008 Iowa

89 14 Acts, chapter 1188, section 69, which are necessary for the

89 15 performance of its duties.

89 16 2. Adopt rules to provide a transition process that allows

89 17 individuals providing direct care services on or before January

89 18 1, 2014, who are subject to the certification requirements

89 19 of this chapter, to continue providing direct care services

89 20 while completing certification under this chapter. The rules

89 21 shall provide that certification requirements for an individual

89 22 subject to the transition process are based on consideration

89 23 of previous training, employment history, and experience. An

89 24 individual subject to the transition process shall complete the

89 25 requirements for direct care associate certification within a

89 26 time frame determined by rule of the board.

89 27 3. Establish curriculum requirements for health support

89 28 professionals. The curriculum requirements established shall

89 29 not exceed the curriculum requirements specified for nurse

89 30 aides pursuant to 42 C.F.R. § 483.152, without prior approval

89 31 of sixty percent of the members of the board and prior approval

89 32 of the department of inspections and appeals.

89 33 4. Require an individual to undergo criminal history

89 34 and child and dependent adult abuse record checks prior

89 35 to certification, and establish record checks requirements

90 1 applicable to direct care professionals consistent with section

90 2 135C.33.

90 3 5. Establish dependent adult abuse reporting and training

90 4 requirements consistent with chapters 235B and 235E, as
90 5 applicable.

90 6 6. Establish standards and guidelines for certification
90 7 reciprocity.

90 8 7. Establish standards and guidelines for direct care
90 9 professionals, including minimum curriculum requirements.

90 10 8. Prepare and conduct, or prescribe, an examination for
90 11 applicants for certification.

90 12 9. Establish standards and guidelines for direct care
90 13 instructors and direct care trainers, including minimum
90 14 curriculum requirements and continuing education requirements.
90 15 Training and continuing education guidelines shall provide
90 16 diverse options for completion of the training and continuing
90 17 education, as appropriate, including but not limited to online,
90 18 employer-based, or educational institution-based opportunities.

90 19 10. Define educational activities which fulfill continuing
90 20 education requirements for renewal of certification.

90 21 11. Establish guidelines for inactive certification status
90 22 and inactive certification reentry.

90 23 12. Establish a grace period during which a newly employed
90 24 individual may provide direct care services before being
90 25 required to complete the appropriate level of certification
90 26 under this chapter.

90 27 Sec. 90.NEW SECTION 152F.6 CERTIFICATION SUSPENSION AND
90 28 REVOCATION.

90 29 A certification issued by the board under this chapter may be
90 30 suspended or revoked, or renewal of certification may be denied
90 31 by the board, for violation of any provision of this chapter,
90 32 section 147.55 or 272C.10, or rules adopted by the board.

90 33 Sec. 91. Section 10A.402, subsection 1, Code 2011, is
90 34 amended to read as follows:

90 35 1. Investigations relative to the practice of regulated
91 1 professions and occupations, except those within the
91 2 jurisdiction of the board of medicine, the board of pharmacy,
91 3 the dental board, ~~and~~ the board of nursing, and the board of
91 4 direct care professionals.

91 5 Sec. 92. Section 135.11A, Code 2011, is amended to read as
91 6 follows:

91 7 135.11A PROFESSIONAL LICENSURE DIVISION — OTHER LICENSING
91 8 BOARDS — EXPENSES — FEES.

91 9 1. There shall be a professional licensure division within
91 10 the department of public health. Each board under chapter 147
91 11 or under the administrative authority of the department, except
91 12 the board of nursing, board of medicine, dental board, ~~and~~
91 13 board of pharmacy, and board of direct care professionals shall
91 14 receive administrative and clerical support from the division

91 15 and may not employ its own support staff for administrative and
91 16 clerical duties.

91 17 2. The professional licensure division and the licensing
91 18 boards may expend funds in addition to amounts budgeted, if
91 19 those additional expenditures are directly the result of actual
91 20 examination and exceed funds budgeted for examinations. Before
91 21 the division or a licensing board expends or encumbers an
91 22 amount in excess of the funds budgeted for examinations, the
91 23 director of the department of management shall approve the
91 24 expenditure or encumbrance. Before approval is given, the
91 25 department of management shall determine that the examination
91 26 expenses exceed the funds budgeted by the general assembly
91 27 to the division or board and the division or board does not
91 28 have other funds from which examination expenses can be paid.
91 29 Upon approval of the department of management, the division
91 30 or licensing board may expend and encumber funds for excess
91 31 examination expenses. The amounts necessary to fund the excess
91 32 examination expenses shall be collected as fees from additional
91 33 examination applicants and shall be treated as repayment
91 34 receipts as defined in section 8.2.

91 35 Sec. 93. Section 135.31, Code 2011, is amended to read as
92 1 follows:

92 2 135.31 LOCATION OF BOARDS — RULEMAKING.
92 3 The offices for the board of medicine, the board of pharmacy,
92 4 the board of nursing, ~~and~~ the dental board, and the board
92 5 of direct care professionals shall be located within the
92 6 department of public health. The individual boards shall have
92 7 policymaking and rulemaking authority.

92 8 Sec. 94. Section 147.1, subsections 3 and 6, Code 2011, are
92 9 amended to read as follows:

92 10 3. "Licensed" or "certified", when applied to a physician
92 11 and surgeon, podiatric physician, osteopathic physician and
92 12 surgeon, physician assistant, psychologist, chiropractor,
92 13 nurse, dentist, dental hygienist, dental assistant,
92 14 optometrist, speech pathologist, audiologist, pharmacist,
92 15 physical therapist, physical therapist assistant, occupational
92 16 therapist, occupational therapy assistant, respiratory care
92 17 practitioner, practitioner of cosmetology arts and sciences,
92 18 practitioner of barbering, funeral director, dietitian, marital
92 19 and family therapist, mental health counselor, social worker,
92 20 massage therapist, athletic trainer, acupuncturist, nursing
92 21 home administrator, hearing aid dispenser, ~~or~~ sign language
92 22 interpreter or transliterator, or direct care professional
92 23 means a person licensed under this subtitle.

92 24 6. "Profession" means medicine and surgery, podiatry,
92 25 osteopathic medicine and surgery, practice as a physician

92 26 assistant, psychology, chiropractic, nursing, dentistry,
92 27 dental hygiene, dental assisting, optometry, speech pathology,
92 28 audiology, pharmacy, physical therapy, physical therapist
92 29 assisting, occupational therapy, occupational therapy
92 30 assisting, respiratory care, cosmetology arts and sciences,
92 31 barbering, mortuary science, marital and family therapy, mental
92 32 health counseling, social work, dietetics, massage therapy,
92 33 athletic training, acupuncture, nursing home administration,
92 34 hearing aid dispensing, or sign language interpreting or
92 35 transliterating, or practice as a direct care professional.

93 1 Sec. 95. Section 147.2, subsection 1, Code 2011, is amended
93 2 to read as follows:
93 3 1. A person shall not engage in the practice of medicine
93 4 and surgery, podiatry, osteopathic medicine and surgery,
93 5 psychology, chiropractic, physical therapy, physical therapist
93 6 assisting, nursing, dentistry, dental hygiene, dental
93 7 assisting, optometry, speech pathology, audiology, occupational
93 8 therapy, occupational therapy assisting, respiratory care,
93 9 pharmacy, cosmetology arts and sciences, barbering, social
93 10 work, dietetics, marital and family therapy or mental health
93 11 counseling, massage therapy, mortuary science, athletic
93 12 training, acupuncture, nursing home administration, hearing aid
93 13 dispensing, or sign language interpreting or transliterating,
93 14 or shall not practice as a physician assistant or as a direct
93 15 care professional, unless the person has obtained a license for
93 16 that purpose from the board for the profession.

93 17 Sec. 96. Section 147.13, Code 2011, is amended by adding the
93 18 following new subsection:
93 19 NEW SUBSECTION 24. For direct care professionals, the
93 20 board of direct care professionals.

93 21 Sec. 97. Section 147.14, subsection 1, Code 2011, is amended
93 22 by adding the following new paragraph:
93 23 NEW PARAGRAPH x. For the board of direct care
93 24 professionals, a total of eleven members, six of whom are
93 25 direct care professionals who represent diverse settings and
93 26 populations served, two members of the public, one registered
93 27 nurse who serves as a direct care instructor, one human
93 28 services professional who serves as a direct care instructor,
93 29 and one licensed nursing home administrator.

93 30 Sec. 98. Section 147.74, Code 2011, is amended by adding the
93 31 following new subsection:
93 32 NEW SUBSECTION 24. A direct care professional certified
93 33 under chapter 152F and this chapter may use the following:
93 34 a. A direct care professional certified as a direct care
93 35 associate may use the title "direct care associate" or the
94 1 letters "D.C.A." after the person's name.

94 2 b. A direct care professional certified as a community
94 3 living professional may use the title "community living
94 4 professional" or the letters "C.L.P." after the person's name.
94 5 c. A direct care professional certified as a personal
94 6 support professional may use the title "personal support
94 7 professional" or the letters "P.S.P." after the person's name.
94 8 d. A direct care professional certified as a health support
94 9 professional may use the title "health support professional" or
94 10 the letters "H.S.P." after the person's name.
94 11 e. A direct care professional certified with a specialty
94 12 endorsement may use the title or letters determined by the
94 13 specialty endorsement entity and approved by the board of
94 14 direct care professionals.
94 15 f. A direct care professional who complies with federal
94 16 nurse aide requirements pursuant to 42 C.F.R. § 483.152 may use
94 17 the title "certified nursing assistant" or the letters "C.N.A."
94 18 after the person's name.
94 19 Sec. 99. Section 147.80, subsection 3, Code 2011, is amended
94 20 to read as follows:
94 21 3. The board of medicine, the board of pharmacy, the dental
94 22 board, ~~and the board of nursing, and the board of direct care~~
94 23 professionals shall retain individual executive officers, but
94 24 shall make every effort to share administrative, clerical, and
94 25 investigative staff to the greatest extent possible.
94 26 Sec. 100. Section 147.88, Code 2011, is amended to read as
94 27 follows:
94 28 147.88 INSPECTIONS AND INVESTIGATIONS.
94 29 The department of inspections and appeals may perform
94 30 inspections and investigations as required by this subtitle,
94 31 except inspections and investigations for the board of
94 32 medicine, board of pharmacy, board of nursing, ~~and the dental~~
94 33 board, and the board of direct care professionals. The
94 34 department of inspections and appeals shall employ personnel
94 35 related to the inspection and investigative functions.
95 1 Sec. 101. Section 272C.1, subsection 6, Code 2011, is
95 2 amended by adding the following new paragraph:
95 3 NEW PARAGRAPH ag. The board of direct care professionals,
95 4 created pursuant to chapter 147.
95 5 Sec. 102. TRANSITION PROVISIONS.
95 6 1. An individual providing direct care services on or
95 7 before January 1, 2014, who is subject to the certification
95 8 requirements of this division of this Act, may continue
95 9 providing direct care services while completing certification
95 10 as required under this division of this Act. The board of
95 11 direct care professionals shall adopt rules to provide that
95 12 certification requirements for an individual subject to the

95 13 transition process are based on consideration of previous
95 14 training, employment history, and experience, and require
95 15 such individuals to complete the requirements for direct care
95 16 associate certification within the time frame determined by
95 17 rule of the board.

95 18 2. An individual who is registered on or before January
95 19 1, 2014, on the Iowa direct care worker registry established
95 20 by the department of inspections and appeals, is deemed to
95 21 meet the certification requirements for a health support
95 22 professional under this division of this Act.

95 23 3. Notwithstanding sections 147.14 and 147.16, for the
95 24 initial board of direct care professionals, the governor may
95 25 appoint, subject to confirmation by the senate, in lieu of the
95 26 six members required to be direct care professionals and the
95 27 two members required to be direct care instructors, members
95 28 with experience and expertise that is substantially equivalent
95 29 to the professional requirements for a direct care professional
95 30 or direct care instructor, as applicable.

95 31 Sec. 103. IMPLEMENTATION. The provisions of this division
95 32 of this Act shall be implemented as follows:

95 33 1. The sections of this division of this Act relating to
95 34 the board of direct care professionals including sections
95 35 152F.1 and 152F.5, as enacted in this division of this Act;
96 1 sections 10A.402, 135.11A, 135.31, 147.13, 147.14, 147.80,
96 2 147.88, and 272C.1, as amended in this division of this Act,
96 3 and as specified in the transition provisions; and the section
96 4 of this division of this Act providing transition provisions
96 5 relating to the board shall be implemented so that a board of
96 6 direct care professionals is appointed no later than December
96 7 15, 2012.

96 8 2. The sections of this division of this Act relating to
96 9 requirements for certification of direct care professionals
96 10 including sections 152F.2, 152F.3, 152F.4, and 152F.6, as
96 11 enacted in this division of this Act; and sections 147.1,
96 12 147.2, and 147.74, as amended in this division of this Act,
96 13 shall be implemented so that the requirements are applicable
96 14 beginning no later than January 1, 2014.

96 15 Sec. 104. FUNDING PROVISIONS.

96 16 1. The department of public health shall limit the indirect
96 17 service charge for the board of direct care professionals to
96 18 not more than fifteen percent.

96 19 2. It is the intent of the general assembly that the board
96 20 of direct care professionals be self-sustaining by January 1,
96 21 2017.

96 22 Sec. 105. EFFECTIVE UPON ENACTMENT. This division of this
96 23 Act, being deemed of immediate importance, takes effect upon

96 24 enactment.

Summary Data

General Fund

	Estimated FY 2012 (1)	Enacted FY 2013 (2)	Senate Action FY 2013 (3)	Total FY 2013 Senate Action (4)	FY 2013 Senate vs. Est. FY 2012 (5)	Page and Line # (6)
Health and Human Services	\$ 1,493,379,363	\$ 1,266,544,608	\$ 248,996,236	\$ 1,515,540,844	\$ 22,161,481	
Grand Total	\$ 1,493,379,363	\$ 1,266,544,608	\$ 248,996,236	\$ 1,515,540,844	\$ 22,161,481	

Health and Human Services General Fund

	Estimated FY 2012 (1)	Enacted FY 2013 (2)	Senate Action FY 2013 (3)	Total FY 2013 Senate Action (4)	FY 2013 Senate vs. Est. FY 2012 (5)	Page and Line # (6)
<u>Aging, Dept. on</u>						
Aging, Dept. on						
Aging Programs	\$ 10,302,577	\$ 5,151,288	\$ 5,251,289	\$ 10,402,577	\$ 100,000	PG 1 LN 10
Total Aging, Dept. on	\$ 10,302,577	\$ 5,151,288	\$ 5,251,289	\$ 10,402,577	\$ 100,000	
<u>Public Health, Dept. of</u>						
Public Health, Dept. of						
Addictive Disorders	\$ 23,503,190	\$ 11,751,595	\$ 13,901,595	\$ 25,653,190	\$ 2,150,000	PG 3 LN 13
Healthy Children and Families	2,594,270	1,297,135	1,397,135	2,694,270	100,000	PG 7 LN 11
Chronic Conditions	3,361,656	1,680,828	2,238,200	3,919,028	557,372	PG 11 LN 24
Community Capacity	4,235,166	2,117,583	3,367,964	5,485,547	1,250,381	PG 13 LN 16
Healthy Aging	7,297,142	3,648,571	3,648,571	7,297,142	0	PG 18 LN 1
Environmental Hazards	813,777	406,888	406,889	813,777	0	PG 18 LN 12
Infectious Diseases	1,345,847	672,923	1,722,924	2,395,847	1,050,000	PG 18 LN 21
Public Protection	2,776,232	1,388,116	1,828,451	3,216,567	440,335	PG 19 LN 11
Resource Management	819,554	409,777	409,777	819,554	0	PG 20 LN 8
Vision Screening	100,000	0	0	0	-100,000	
Total Public Health, Dept. of	\$ 46,846,834	\$ 23,373,416	\$ 28,921,506	\$ 52,294,922	\$ 5,448,088	

Health and Human Services General Fund

	Estimated FY 2012 (1)	Enacted FY 2013 (2)	Senate Action FY 2013 (3)	Total FY 2013 Senate Action (4)	FY 2013 Senate vs. Est. FY 2012 (5)	Page and Line # (6)
Human Services, Dept. of						
Assistance						
Family Investment Program/JOBS	\$ 50,171,027	\$ 25,085,513	\$ 25,656,515	\$ 50,742,028	\$ 571,001	PG 29 LN 17
Medical Assistance	909,993,421	914,993,421	-69,392,165	845,601,256	-64,392,165	PG 32 LN 25
State Supplementary Assistance	16,850,747	8,425,373	7,025,374	15,450,747	-1,400,000	PG 36 LN 12
State Children's Health Insurance	32,806,102	16,403,051	23,997,109	40,400,160	7,594,058	PG 37 LN 11
Child Care Assistance	53,237,662	26,618,831	34,469,109	61,087,940	7,850,278	PG 37 LN 29
Child and Family Services	82,830,163	41,415,081	42,254,049	83,669,130	838,967	PG 40 LN 34
Adoption Subsidy	33,266,591	16,633,295	16,605,602	33,238,897	-27,694	PG 48 LN 12
Family Support Subsidy	1,167,998	583,999	512,785	1,096,784	-71,214	PG 49 LN 8
Connors Training	33,622	16,811	16,811	33,622	0	PG 49 LN 34
MI/MR/DD State Cases	12,169,482	6,084,741	6,084,741	12,169,482	0	PG 52 LN 23
MH/DD Community Services	14,211,100	14,211,100	0	14,211,100	0	
Volunteers	84,660	42,330	42,330	84,660	0	PG 55 LN 35
MH/DD Growth Factor	54,697,893	74,697,893	0	74,697,893	20,000,000	
Medical Contracts	0	5,453,728	3,006,952	8,460,680	8,460,680	PG 35 LN 17
Mental Health Redesign	0	0	24,893,762	24,893,762	24,893,762	PG 70 LN 18
Total Assistance	\$ 1,261,520,468	\$ 1,150,665,167	\$ 115,172,974	\$ 1,265,838,141	\$ 4,317,673	
Toledo Juvenile Home						
Toledo Juvenile Home	\$ 8,258,251	\$ 4,129,125	\$ 4,199,139	\$ 8,328,264	\$ 70,013	PG 40 LN 8
Eldora Training School						
Eldora Training School	\$ 10,638,677	\$ 5,319,338	\$ 5,421,650	\$ 10,740,988	\$ 102,311	PG 40 LN 14
Cherokee						
Cherokee MHI	\$ 5,877,308	\$ 2,938,654	\$ 2,702,383	\$ 5,641,037	\$ -236,271	PG 50 LN 17
Clarinda						
Clarinda MHI	\$ 6,411,734	\$ 3,205,867	\$ 3,257,470	\$ 6,463,337	\$ 51,603	PG 50 LN 23
Independence						
Independence MHI	\$ 10,275,685	\$ 5,137,842	\$ 4,666,370	\$ 9,804,212	\$ -471,473	PG 50 LN 29
Mt Pleasant						
Mt Pleasant MHI	\$ 944,323	\$ 472,161	\$ 472,162	\$ 944,323	\$ 0	PG 50 LN 35
Glenwood						
Glenwood Resource Center	\$ 18,507,801	\$ 9,253,900	\$ 9,838,676	\$ 19,092,576	\$ 584,775	PG 51 LN 15

Health and Human Services General Fund

	Estimated FY 2012 (1)	Enacted FY 2013 (2)	Senate Action FY 2013 (3)	Total FY 2013 Senate Action (4)	FY 2013 Senate vs. Est. FY 2012 (5)	Page and Line # (6)
Woodward						
Woodward Resource Center	\$ 12,785,658	\$ 6,392,829	\$ 6,783,264	\$ 13,176,093	\$ 390,435	PG 51 LN 19
Cherokee CCUSO						
Civil Commitment Unit for Sexual Offenders	\$ 7,550,727	\$ 3,775,363	\$ 5,338,305	\$ 9,113,668	\$ 1,562,941	PG 53 LN 18
Field Operations						
Child Support Recoveries	\$ 13,119,255	\$ 6,559,627	\$ 6,818,366	\$ 13,377,993	\$ 258,738	PG 31 LN 18
Field Operations	54,789,921	27,394,960	34,520,480	61,915,440	7,125,519	PG 54 LN 10
Total Field Operations	<u>\$ 67,909,176</u>	<u>\$ 33,954,587</u>	<u>\$ 41,338,846</u>	<u>\$ 75,293,433</u>	<u>\$ 7,384,257</u>	
General Administration						
General Administration	\$ 14,596,745	\$ 7,298,372	\$ 8,543,502	\$ 15,841,874	\$ 1,245,129	
Total Human Services, Dept. of	<u>\$ 1,425,276,553</u>	<u>\$ 1,232,543,205</u>	<u>\$ 207,734,741</u>	<u>\$ 1,440,277,946</u>	<u>\$ 15,001,393</u>	
<u>Veterans Affairs, Dept. of</u>						
Veterans Affairs, Department of						
General Administration	\$ 998,832	\$ 499,416	\$ 511,416	\$ 1,010,832	\$ 12,000	PG 20 LN 30
War Orphans Educational Assistance	12,416	6,208	6,208	12,416	0	PG 21 LN 23
Vets Home Ownership Program	0	0	1,600,000	1,600,000	1,600,000	PG 21 LN 30
Veterans County Grants	990,000	495,000	495,000	990,000	0	PG 22 LN 2
Total Veterans Affairs, Department of	<u>\$ 2,001,248</u>	<u>\$ 1,000,624</u>	<u>\$ 2,612,624</u>	<u>\$ 3,613,248</u>	<u>\$ 1,612,000</u>	
Veterans Affairs, Dept. of						
Iowa Veterans Home	\$ 8,952,151	\$ 4,476,075	\$ 4,476,076	\$ 8,952,151	\$ 0	PG 21 LN 3
Total Veterans Affairs, Dept. of	<u>\$ 10,953,399</u>	<u>\$ 5,476,699</u>	<u>\$ 7,088,700</u>	<u>\$ 12,565,399</u>	<u>\$ 1,612,000</u>	
Total Health and Human Services	<u>\$ 1,493,379,363</u>	<u>\$ 1,266,544,608</u>	<u>\$ 248,996,236</u>	<u>\$ 1,515,540,844</u>	<u>\$ 22,161,481</u>	

Summary Data

Other Fund

	Estimated FY 2012 (1)	Enacted FY 2013 (2)	Senate Action FY 2013 (3)	Total FY 2013 Senate Action (4)	FY 2013 Senate vs. Est. FY 2012 (5)	Page and Line # (6)
Health and Human Services	\$ 489,667,711	\$ 412,887,091	\$ 207,508,922	\$ 620,396,013	\$ 130,728,302	
Grand Total	\$ 489,667,711	\$ 412,887,091	\$ 207,508,922	\$ 620,396,013	\$ 130,728,302	

Health and Human Services

Other Fund

	Estimated FY 2012 (1)	Enacted FY 2013 (2)	Senate Action FY 2013 (3)	Total FY 2013 Senate Action (4)	FY 2013 Senate vs. Est. FY 2012 (5)	Page and Line # (6)
Human Services, Dept. of						
General Administration						
FIP-TANF	\$ 21,500,738	\$ 10,750,369	\$ 9,039,996	\$ 19,790,365	\$ -1,710,373	PG 22 LN 31
Promise Jobs-TANF	12,411,528	6,205,764	6,205,764	12,411,528	0	PG 23 LN 1
FaDDS-TANF	2,898,980	1,449,490	1,449,490	2,898,980	0	PG 23 LN 7
Field Operations-TANF	31,296,232	15,648,116	15,648,116	31,296,232	0	PG 23 LN 19
General Administration-TANF	3,744,000	1,872,000	1,872,000	3,744,000	0	PG 23 LN 22
State Day Care-TANF	16,382,687	8,191,344	8,191,343	16,382,687	0	PG 23 LN 25
MH/DD Comm. Services-TANF	4,894,052	2,447,026	2,447,026	4,894,052	0	PG 24 LN 8
Child & Family Services-TANF	32,084,430	16,042,215	16,042,215	32,084,430	0	PG 24 LN 14
Child Abuse Prevention-TANF	125,000	62,500	62,500	125,000	0	PG 24 LN 17
Training & Technology-TANF	1,037,186	518,593	518,593	1,037,186	0	PG 25 LN 2
0-5 Children-TANF	6,350,000	3,175,000	3,175,000	6,350,000	0	PG 25 LN 7
Total General Administration	\$ 132,724,833	\$ 66,362,417	\$ 64,652,043	\$ 131,014,460	\$ -1,710,373	

Health and Human Services Other Fund

	Estimated FY 2012 (1)	Enacted FY 2013 (2)	Senate Action FY 2013 (3)	Total FY 2013 Senate Action (4)	FY 2013 Senate vs. Est. FY 2012 (5)	Page and Line # (6)
Assistance						
Pregnancy Prevention-TANF	\$ 1,930,067	\$ 965,034	\$ 965,033	\$ 1,930,067	\$ 0	PG 24 LN 20
Promoting Healthy Marriage - TANF	146,072	73,036	-48,036	25,000	-121,072	PG 26 LN 14
Medical Assistance - HCTF	106,363,275	106,363,275	112,883,125	219,246,400	112,883,125	
Medical Contracts-Pharm Settlement - PhSA	10,907,457	2,716,807	0	2,716,807	-8,190,650	PG 60 LN 19
Broadlawns Hospital - ICA	65,000,000	65,000,000	5,000,000	70,000,000	5,000,000	PG 61 LN 11
Regional Provider Network - ICA	3,472,176	3,472,176	1,514,190	4,986,366	1,514,190	PG 62 LN 18
Nonparticipating Providers - NPPR	2,000,000	2,000,000	0	2,000,000	0	
Medical Information Hotline - HCTA	100,000	50,000	50,000	100,000	0	PG 62 LN 35
Health Partnership Activities - HCTA	600,000	300,000	300,000	600,000	0	PG 63 LN 4
Audits, Performance Eval., Studies - HCTA	125,000	62,500	62,500	125,000	0	PG 63 LN 8
IowaCare Admin. Costs - HCTA	1,132,412	566,206	566,206	1,132,412	0	PG 63 LN 12
Dental Home for Children - HCTA	1,000,000	500,000	500,000	1,000,000	0	PG 63 LN 15
MH/DD Workforce Development - HCTA	50,000	25,000	25,000	50,000	0	PG 63 LN 20
Medical Contracts - HCTA	2,000,000	1,000,000	1,400,000	2,400,000	400,000	PG 63 LN 26
Broadlawns Admin - HCTA	290,000	145,000	395,000	540,000	250,000	PG 63 LN 29
Medical Assistance - QATF	29,000,000	29,000,000	-2,500,000	26,500,000	-2,500,000	PG 65 LN 34
Medical Assistance-HHCAT	39,223,800	39,223,800	-5,325,400	33,898,400	-5,325,400	PG 66 LN 23
Nonparticipating Provider Reimb Fund-HHCAT	776,200	776,200	25,400	801,600	25,400	PG 66 LN 28
Electronic Medical Records - HCTA	100,000	50,000	50,000	100,000	0	PG 64 LN 12
Medical Assistance - HCTA	1,956,245	1,956,245	2,150,000	4,106,245	2,150,000	PG 65 LN 7
Care Coordination - ICA	500,000	500,000	0	500,000	0	
Lab Test & Radiology Pool - ICA	1,500,000	1,500,000	0	1,500,000	0	
Uniform Cost Report - HCTA	150,000	75,000	75,000	150,000	0	PG 64 LN 9
DPH Transfer Health Care Access Council - HCTA	134,214	67,107	67,107	134,214	0	PG 64 LN 21
Accountable Care Pilot - HCTA	100,000	50,000	50,000	100,000	0	PG 64 LN 27
DPH Transfer e-Health - HCTA	363,987	181,993	181,994	363,987	0	PG 65 LN 1
DPH Transfer Medical Home - HCTA	233,357	116,679	116,678	233,357	0	PG 64 LN 4
Medicaid Supplemental - Medicaid Fraud	0	2,000,000	0	2,000,000	2,000,000	PG 66 LN 34
Provider Payment System Plan - HCTA	0	0	100,000	100,000	100,000	PG 64 LN 31
Child Care - CCF	0	0	7,969,021	7,969,021	7,969,021	PG 68 LN 9
Adoption - CCF	0	0	5,290,441	5,290,441	5,290,441	PG 68 LN 7
MHDS Technical Assistance - CCF	0	0	500,000	500,000	500,000	PG 68 LN 11
Field Operations Integrity Claims Unit - CCF	0	0	961,100	961,100	961,100	PG 68 LN 14
Medical Assistance - CCF	0	0	4,950,428	4,950,428	4,950,428	PG 68 LN 16
IowaCare Lodging - CCF	0	0	200,000	200,000	200,000	PG 68 LN 19
IowaCare Ambulance - CCF	0	0	200,000	200,000	200,000	PG 68 LN 29
CCA Audit Settlement - CCF	0	0	2,654,238	2,654,238	2,654,238	PG 69 LN 25
Iowa Homeless Coalition - CCF	0	0	100,000	100,000	100,000	PG 69 LN 2
Total Assistance	\$ 269,154,262	\$ 258,736,058	\$ 141,429,025	\$ 400,165,083	\$ 131,010,821	
Total Human Services, Dept. of	\$ 401,879,095	\$ 325,098,475	\$ 206,081,068	\$ 531,179,543	\$ 129,300,448	
Regents, Board of						
Regents, Board of						
UI - UIHC IowaCares Program - ICA	\$ 27,284,584	\$ 27,284,584	\$ 0	\$ 27,284,584	\$ 0	

Health and Human Services

Other Fund

	Estimated FY 2012 (1)	Enacted FY 2013 (2)	Senate Action FY 2013 (3)	Total FY 2013 Senate Action (4)	FY 2013 Senate vs. Est. FY 2012 (5)	Page and Line # (6)
UI - UIHC IowaCares Expansion Pop - ICA	44,226,279	44,226,279	1,427,854	45,654,133	1,427,854	PG 60 LN 35
UI - UIHC IowaCares Physicians - ICA	16,277,753	16,277,753	0	16,277,753	0	
Total Regents, Board of	\$ 87,788,616	\$ 87,788,616	\$ 1,427,854	\$ 89,216,470	\$ 1,427,854	
Total Health and Human Services	\$ 489,667,711	\$ 412,887,091	\$ 207,508,922	\$ 620,396,013	\$ 130,728,302	

Summary Data FTE

	Estimated FY 2012 <u>(1)</u>	Enacted FY 2013 <u>(2)</u>	Senate Action FY 2013 <u>(3)</u>	Total FY 2013 Senate Action <u>(4)</u>	FY 2013 Senate vs. Est. FY 2012 <u>(5)</u>	Page and Line # <u>(6)</u>
Health and Human Services	6,033.90	6,247.09	26.60	6,273.69	239.79	
Grand Total	<u>6,033.90</u>	<u>6,247.09</u>	<u>26.60</u>	<u>6,273.69</u>	<u>239.79</u>	

Health and Human Services

FTE

	Estimated FY 2012 (1)	Enacted FY 2013 (2)	Senate Action FY 2013 (3)	Total FY 2013 Senate Action (4)	FY 2013 Senate vs. Est. FY 2012 (5)	Page and Line # (6)
<u>Aging, Dept. on</u>						
Aging, Dept. on						
Aging Programs	35.00	35.00	1.00	36.00	1.00	PG 1 LN 10
Total Aging, Dept. on	35.00	35.00	1.00	36.00	1.00	
<u>Public Health, Dept. of</u>						
Public Health, Dept. of						
Addictive Disorders	13.00	13.00	0.00	13.00	0.00	PG 3 LN 13
Healthy Children and Families	10.00	10.00	0.00	10.00	0.00	PG 7 LN 11
Chronic Conditions	4.00	4.00	1.00	5.00	1.00	PG 11 LN 24
Community Capacity	14.00	14.00	0.00	14.00	0.00	PG 13 LN 16
Environmental Hazards	4.00	4.00	0.00	4.00	0.00	PG 18 LN 12
Infectious Diseases	4.00	4.00	0.00	4.00	0.00	PG 18 LN 21
Public Protection	125.00	125.00	0.00	125.00	0.00	PG 19 LN 11
Resource Management	7.00	7.00	0.00	7.00	0.00	PG 20 LN 8
Total Public Health, Dept. of	181.00	181.00	1.00	182.00	1.00	
<u>Human Services, Dept. of</u>						
Human Services, Dept. of						
Toledo Juvenile Home						
Toledo Juvenile Home	114.00	114.00	0.00	114.00	0.00	PG 40 LN 8
Eldora Training School						
Eldora Training School	164.30	164.30	0.00	164.30	0.00	PG 40 LN 14
Cherokee						
Cherokee MHI	168.50	168.50	0.00	168.50	0.00	PG 50 LN 17
Clarinda						
Clarinda MHI	86.10	86.10	0.00	86.10	0.00	PG 50 LN 23
Independence						
Independence MHI	233.00	233.00	0.00	233.00	0.00	PG 50 LN 29
Mt Pleasant						
Mt Pleasant MHI	91.72	97.72	0.00	97.72	6.00	PG 50 LN 35
Glenwood						
Glenwood Resource Center	878.90	905.85	0.00	905.85	26.95	PG 51 LN 15

Health and Human Services

FTE

	Estimated FY 2012 (1)	Enacted FY 2013 (2)	Senate Action FY 2013 (3)	Total FY 2013 Senate Action (4)	FY 2013 Senate vs. Est. FY 2012 (5)	Page and Line # (6)
Woodward						
Woodward Resource Center	724.67	745.92	0.00	745.92	21.25	PG 51 LN 19
Cherokee CCUSO						
Civil Commitment Unit for Sexual Offenders	89.50	89.50	19.60	109.10	19.60	PG 53 LN 18
Field Operations						
Child Support Recoveries	465.00	475.00	0.00	475.00	10.00	PG 31 LN 18
Field Operations	1,688.00	1,781.00	0.00	1,781.00	93.00	PG 54 LN 10
Total Field Operations	<u>2,153.00</u>	<u>2,256.00</u>	<u>0.00</u>	<u>2,256.00</u>	<u>103.00</u>	
General Administration						
General Administration	265.04	290.00	5.00	295.00	29.96	
Total Human Services, Dept. of	<u>4,968.73</u>	<u>5,150.89</u>	<u>24.60</u>	<u>5,175.49</u>	<u>206.76</u>	
<u>Veterans Affairs, Dept. of</u>						
Veterans Affairs, Department of						
General Administration	15.00	16.34	0.00	16.34	1.34	PG 20 LN 30
Veterans Affairs, Dept. of						
Iowa Veterans Home	834.17	863.86	0.00	863.86	29.69	PG 21 LN 3
Total Veterans Affairs, Dept. of	<u>849.17</u>	<u>880.20</u>	<u>0.00</u>	<u>880.20</u>	<u>31.03</u>	
Total Health and Human Services	<u><u>6,033.90</u></u>	<u><u>6,247.09</u></u>	<u><u>26.60</u></u>	<u><u>6,273.69</u></u>	<u><u>239.79</u></u>	